



## Clinic Management Course



# Population-Based Analysis using the Population Health Navigator (PHN)

The PHN is a web-based report program that can help you manage your population by providing demographics, clinical preventive services needs and disease/condition management information.

It can help answer questions like:

How many diabetics are enrolled in your clinic?

How many are in compliance with your clinic goals for HbA1c?

Who are the diabetics who have the worst compliance?

What about Asthmatics? Do you know who your Asthmatic patients are?

Are they draining clinic dollars by using emergency room services?

Who are the patients with depression? This is a tough one because they can get services out in town and the PCM may not even know.

And what about high utilizers? When you see your list you will probably recognize some names. Could any of these benefit from case management?

## Objectives

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# Population Health Navigator

- Understand how to leverage PHN for:
  - Demographics
  - Clinical Preventive Services
  - Disease/Condition Management
- Understand relationship of Population Health Clinical Metrics and the BUMED Business Plan
- Understand the significance of HEDIS® measures
- Demonstrate use of the PHN for your specific MTF population and how to compare your clinical performance.

## Population Health Navigator (PHN)

### About PHN?

- Web-based information and report application developed by the AF and now used throughout the MHS.
- Provides Action/Prevalence Lists for 14 Clinical Preventive Services and specific diseases/conditions.
- Provides HEDIS® measures to compare clinical quality of delivered healthcare.

The PHN will give you lists of your patients who have diabetes, asthma, depression.....a total of 10 diseases and four clinical preventive services. They tell you the patient's name, provider, some tests results, and contact information

## Current Status

### Population Health Navigator

- MHS Population Health Portal, adapted for Tri-Service use, new program implemented Jan 04.
- All Navy commands currently have PHN users. Many branch clinics also have users.
  - currently >200 users
- Selected by BUMED as the Medical Informatics Tool to be used by MTFs

## Population Health Navigator (PHN)

Summarizes data from . . .

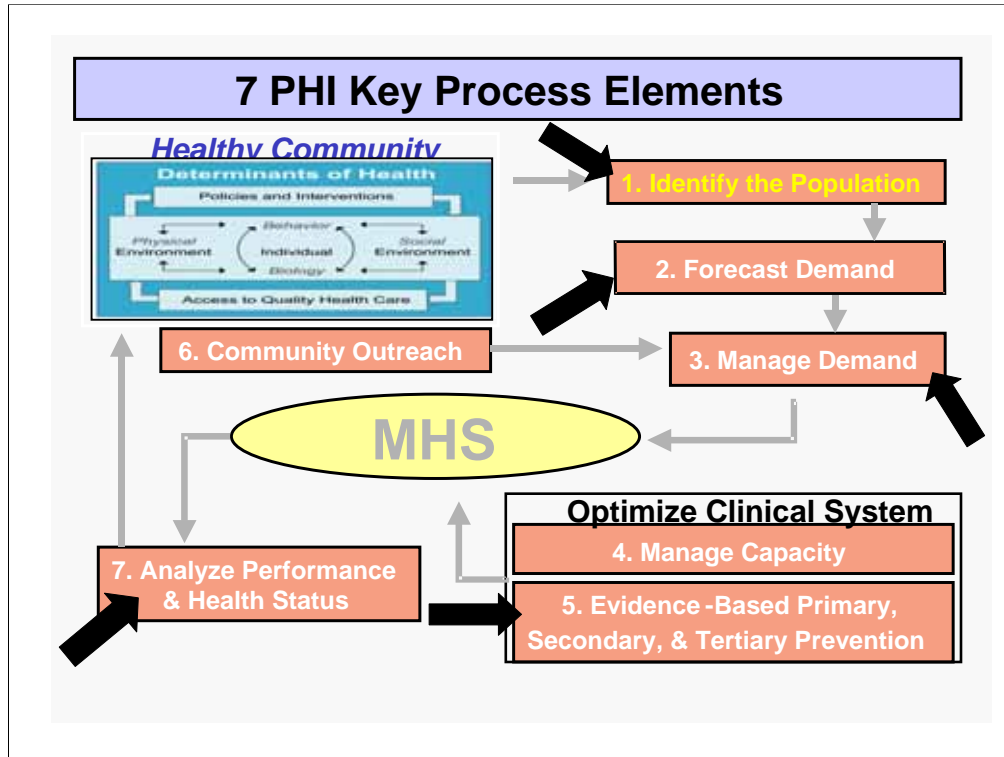
- M2
  - Standard Inpatient Data Record (SIDR)
  - Standard Ambulatory Data Record (SADR)
  - Health Care Service Reports (HCSR)
  - Pharmacy Data Transaction Service (PDTS)
- Approximately 103 CHCS hosts
- Defense Eligibility Enrollment Registration System (DEERS)
- Updated Monthly

Because data is pulled from DEERS and all CHCS hosts, the system pulls patients based on enrolled facility but will pull visits, lab and radiology tests regardless of where the test was performed.

PDTS data is pulled for pharmacy encounters so MTF, Network, and Mail Order Pharmacy prescriptions will be reflected. Again, the Methods define what is considered a prescription refill.

Importance of data accuracy. Data pulled is what's entered.... therefore the data is only as good as your coding, end of day reports, etc.

The data will be updated monthly but, because of where it is retrieved from, ~~some of the data is 2-3 months old when it appears on the web~~. You will see that much of the data is from your CHCS host....this data is the most current. Data coming from M2 for purchased care in the network is usually behind several months because of delays in the billing process.



Everyone has seen this slide before....

The PHN can be used to:

**Identify the Population:** Entire population can be listed, broken out by provider, provider groups, and clinical preventive services required for a specific age group

**Forecast Demand:** Is dependant on accurate identification of your population, knowing the healthcare needs and disease prevalence of the population, and being able to anticipate the number of preventive services

**Manage Demand:** In order to assess, monitor and encourage the appropriate delivery of services, it is important to track preventive services needed/provided and track current utilization of healthcare. Individuals at risk of under- or over-utilization can be targeted for intervention. The High-Utilizer module is an effective tool to target individuals who might benefit from case management or education as to self-care strategies, health promotion and prudent primary care access.

**Evidence-Based Primary, Secondary, and Tertiary Prevention:** Goal is to manage the health of individuals and populations with a focus on prevention of illness and injury. All stems from knowing your population and initiating the clinical preventive services to keep them well. If they already have diseases, managing the disease to prevent progression. You may look at your diabetics and determine where your patients could benefit from a Clinical Practice Guideline.

**Analyze Performance and Health Status:** You may have already seen the graphs that BUMED is using to evaluate clinical practice. This information is taken from the PHN and is one example of how the data can be utilized.

## MHS Population Health Portal

### Population Health Navigator

#### Strengths

- Provides both corporate level (HEDIS®) metrics and drills to patient/provider/clinic level
- Provides data on patient care regardless of where care provided:
  - throughout entire MHS
  - inpatient & outpatient care
  - network & MTF care
- Can be displayed in Excel® for easy use of data.

#### Limitations

- Updated monthly, 4-6wk lag time.
- Some delay in posting of network care.
- Does not include non-enrolled beneficiaries
- Only predefined modules, not able to query

## HEDIS® metrics

### Population Health Navigator

- Health Plan Employer Data and Information Set®
- Set of standardized performance measures to compare the performance of healthcare plans.
- Does not represent the standard of care, merely the standard of clinical quality for comparison to other facilities.
- Very precise definition based on: continuous enrollment, inclusion/exclusion criteria, age restrictions, etc.



## Sensitive & “For Official Use Only” Security Awareness



- Command approval for access to the PHN
- Must read and accept the Security Requirements prior to entering the site
- Output products that contain sensitive data are marked with privacy caveat

The data contained in the navigator are sensitive and “For Official Use Only”. Data should be safeguarded and protected much like you would a medical record or confidential document. Since the data are “on the web”, heightened security awareness is essential.

Let's review a few requirements. I know you are all aware of these but it's important to review them every now and then.

- Recommend always having your screen saver set to go on automatically if you are away from your desk. Even if you are only walking away for a brief period, it is essential that patient information be safeguarded
- If you print data with patient information on it, be sure it is kept in a secure location.
- Don't download to a medium that cannot be protected
- Protect your Client Certificate. Don't “share” your password with others
- Also, NEVER select the option of having the system remember your password when using a secure system.

As an additional security measure, PHN times out if not used for a period of time.

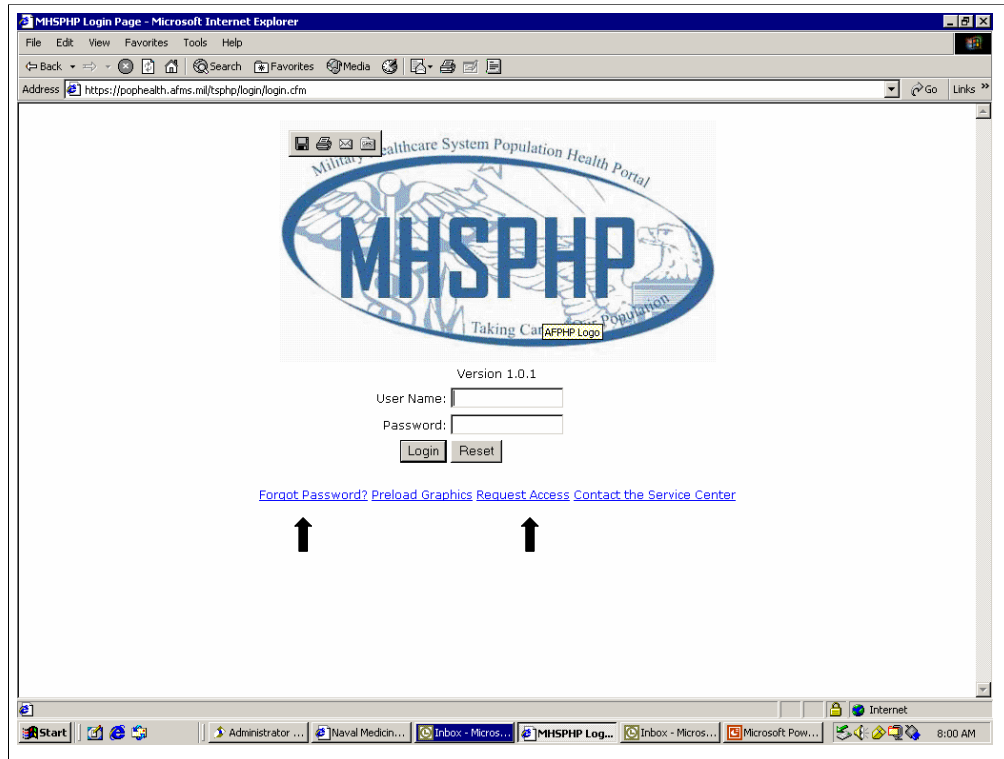
## MHS Population Health Portal Population Health Navigator

### Major “Index Card” Sections :

- Demographic Information
- Preventive Services
- Disease and Condition Management
- Administration

PHN is easy to navigate with four primary sections: demographics, preventive services, disease/condition management and administration.

- The Demographics section provides facilities an aggregate view of their enrolled population stratified by age and gender.
- The Preventive Services section provides detailed methodologies, aggregate reports and provider level patient action lists for various screening procedures (e.g., breast cancer, cervical cancer, cardiovascular risk factors, etc.).
- The Disease/Condition Management section provides detailed methodologies, aggregate reports and provider level patient action lists targeting patients with coded diagnoses for numerous diseases/conditions (e.g., asthma, diabetes, high utilizers, etc.).
- The Administration tab contains downloadable administrative data and contact information. It contains documents including a consolidated methodology manual, user’s manual, frequently asked questions, and solutions to commonly encountered data quality issues.

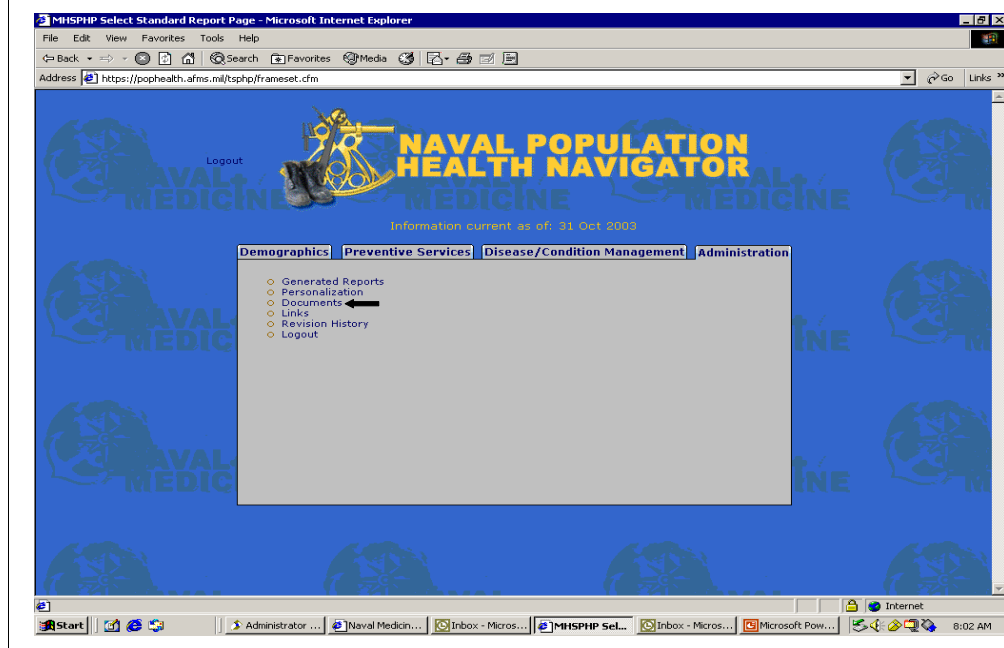


The most important items on the home page are the “request Access” tab and “Forgot Password”

The “Request Access” tab is the starting point for getting a PHN account. When you submit a request, it will be sent to the Navy account administrator who will notify you of any additional requirements needed for an account. Once all requirements are met, an account will be established.

When you submit the request, it is important to copy the page acknowledging the submission. This page contains your user name.

# Administration



In the Administration tab there are several items:

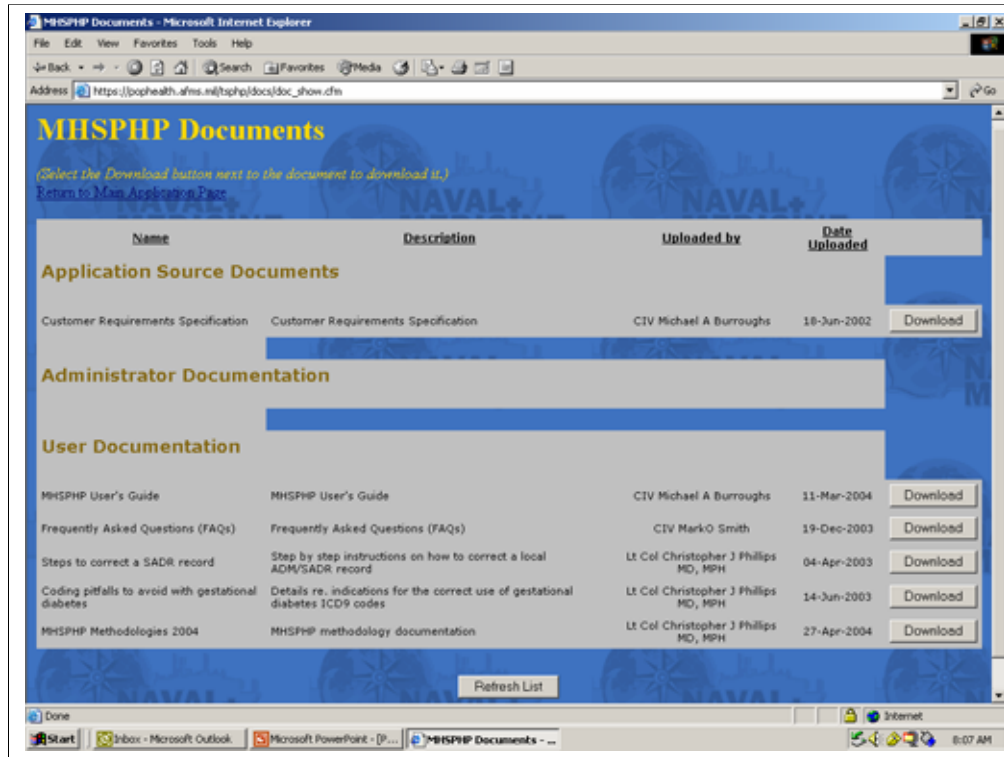
**Generated reports:** This is where you will find reports you have requested while using the program

**Personalization:** For changing password, etc. Passwords should be changed every 90 days

**Documents:** Contains User's Guide, methodology, and other helpful documents. Discussed on next slide

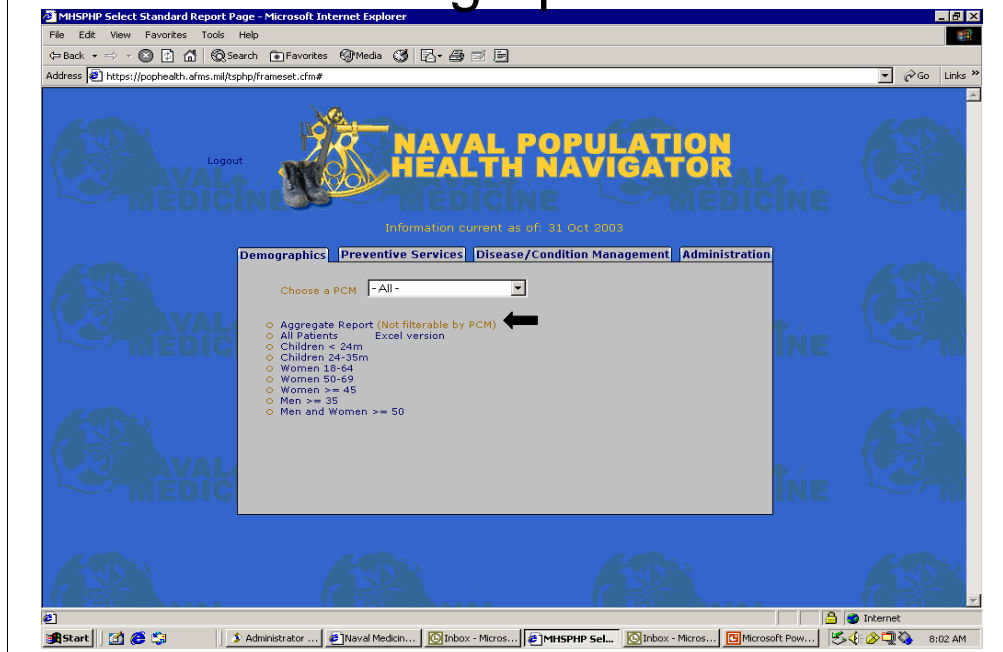
**Links**

**Logout:** It is always recommended that you logout of the program. There are logout buttons throughout

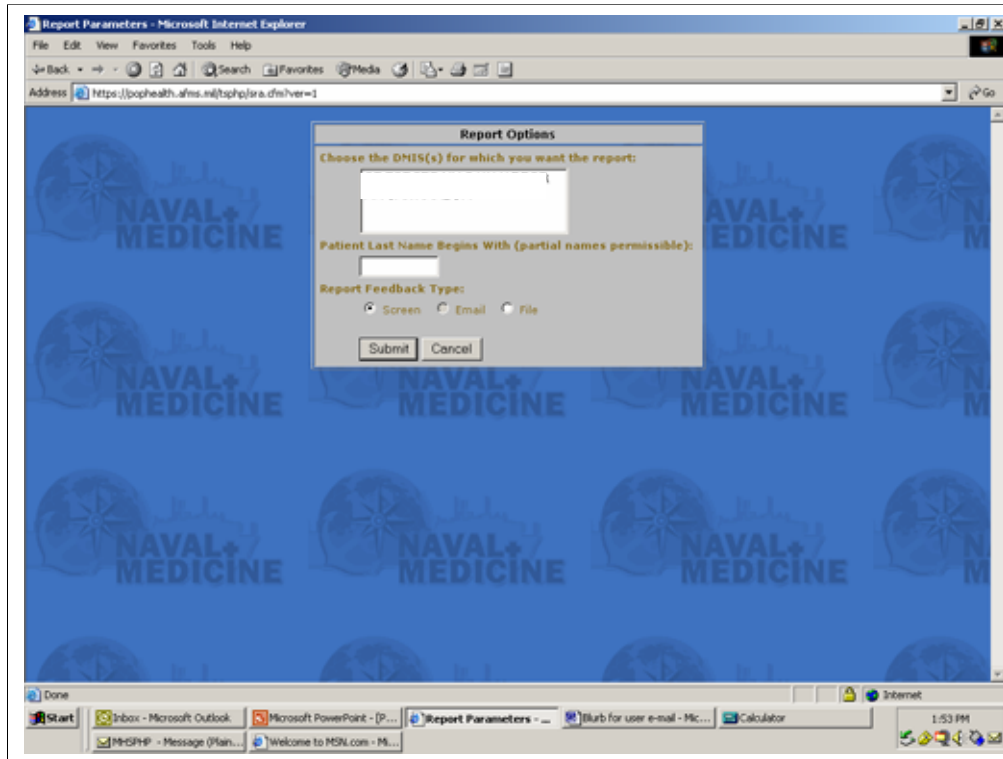


This section contains a User Guide and Methods for the metrics. It is recommended that these documents be printed and used to guide you through the program. Frequently asked questions are extremely useful as you navigate through the program.

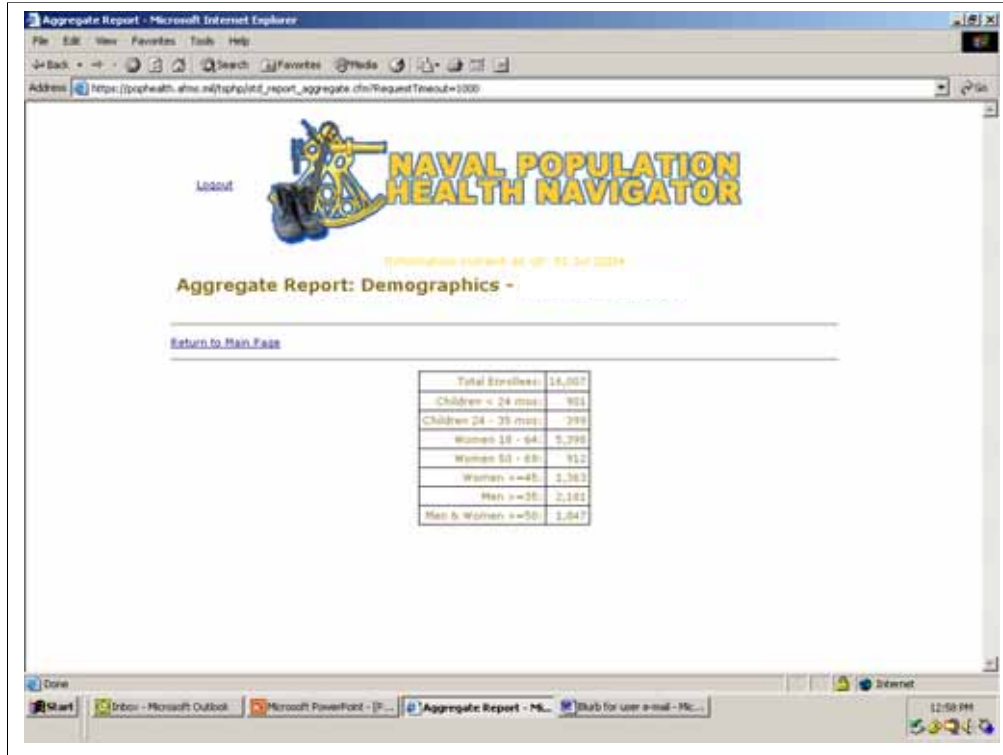
# Demographics



Demographics are available in aggregate report and patient lists.



If you are a user from a Parent DMIS, you will have an option of selecting fields for either parent or child DMIS. You can also have the data pulled for later use. It can be found in “Generated Reports” in the Administration section.



**NAVAL POPULATION HEALTH NAVIGATOR**

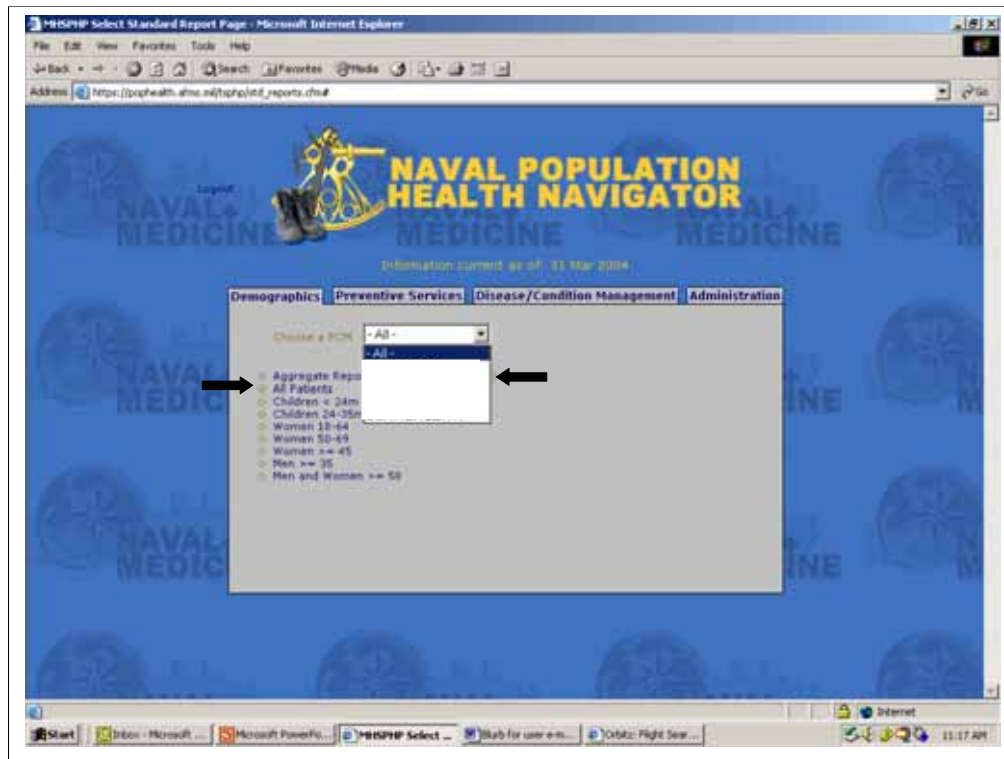
**Aggregate Report: Demographics -**

[Return to Main Page](#)

Total Enrolled:	14,007
Children < 24 mos:	901
Children 24 - 35 mos:	298
Women 18 - 64:	5,398
Women 65 - 89:	912
Women <=45:	2,363
Men <=35:	2,141
Men & Women <=50:	2,647

The demographic groups are broken out by age group for specific clinical preventive services (breast cancer screening, cervical cancer screening, colorectal screening, etc).





You may also select reports for a specific provider.

Standard Report Output - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address: https://pophealth.afms.mil/tsp/hlstd\_report\_action2.cfm?RequestTimeout=1000

## NAVAL POPULATION HEALTH NAVIGATOR

Report Results: All Patients

Facility: Records Found: 3421

For Official Use Only (FOUO) - Privacy Act of 1974 Applies  
This is not an official System of Record; do not use as a patient's electronic Medical Record  
[Return to Main Page](#) | [Open Report in Excel](#)

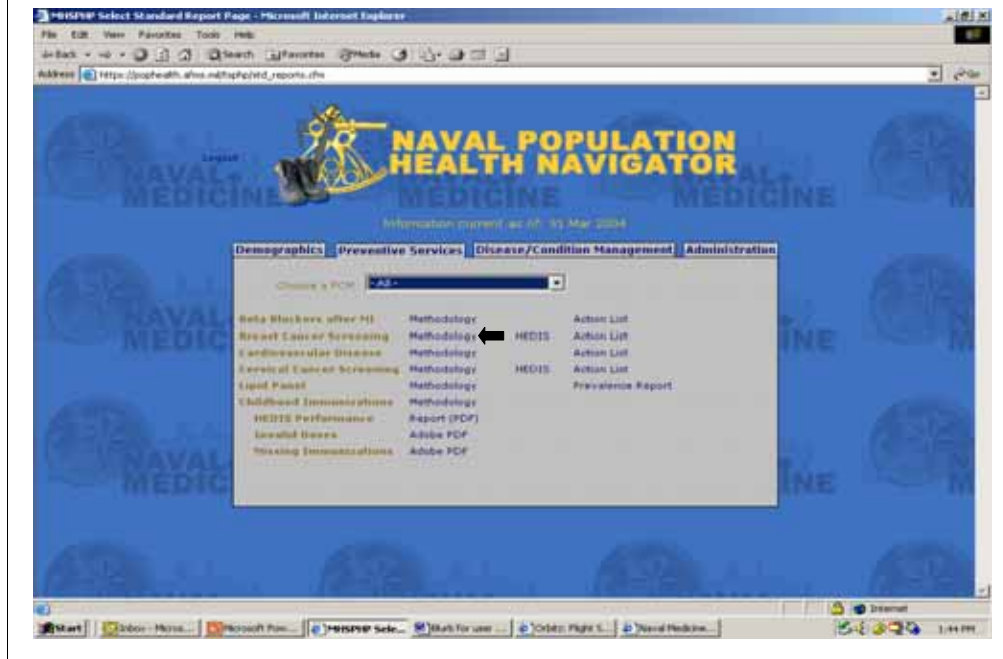
Patient Name	Sponsor SSN	ODS	DOB	BenCat	PCM Name	Provider Group	Age	Gender	Street 1	Street 2	City	Sta
				ADAF		999th DEMO MED GRP	40.56	F			ALMNHIGH	DC
				ADFMLY		999th DEMO MED GRP	10.48	M			ALMNHIGH	DC
				ADFMLY		999th DEMO MED GRP	6.22	F			ALMNHIGH	DC
				ADAF		999th DEMO MED GRP	25.61	F			ALMNHIGH	DC
				ADAF		999th DEMO MED GRP	37.48	M			ALMNHIGH	DC
				ADFMLY		999th DEMO MED GRP	17.61	F			ALMNHIGH	DC
				ADFMLY		999th DEMO MED GRP	35.3	F			ALMNHIGH	DC
				ADFMLY		999th DEMO MED GRP	10.74	F			ALMNHIGH	DC
				ADFMLY		999th DEMO MED GRP	14.44	F			ALMNHIGH	DC
				RTAF		999th DEMO MED GRP	66.26	M			ALMNHIGH	DC
				ADAF		999th DEMO MED GRP	21.3	M			ALMNHIGH	DC
				ADFMLY		999th DEMO MED GRP	16.75	M			ALMNHIGH	DC
				ADFMLY		999th DEMO MED GRP	15.86	F			ALMNHIGH	DC
				ADAF		999th DEMO MED GRP	39.92	M			ALMNHIGH	DC
				ADFMLY		999th DEMO MED GRP	14.43	M			ALMNHIGH	DC
				ADFMLY		999th DEMO MED GRP	37.62	F			ALMNHIGH	DC
				ADFMLY		999th DEMO MED GRP	17.58	F			ALMNHIGH	DC
				RTFMLY		999th DEMO MED GRP	56.38	F			ALMNHIGH	DC
				RTAF		999th DEMO MED GRP	58.63	M			ALMNHIGH	DC
				ADFMLY		999th DEMO MED GRP	29.19	F			ALMNHIGH	DC
				ADFMLY		999th DEMO MED GRP	4.1	M			ALMNHIGH	DC
				ADAF		999th DEMO MED GRP	26.4	M			ALMNHIGH	DC
				ADFMLY		999th DEMO MED GRP	5.24	F			ALMNHIGH	DC
				RTAF		999th DEMO MED GRP	54.89	M			ALMNHIGH	DC
				RTFMLY		999th DEMO MED GRP	41.16	F			ALMNHIGH	DC

Start | Inbox - Microsoft ... | Microsoft PowerPa... | Standard Repor... | Blur for user e-m... | Yorbiz: Flight Sear... | 1:26 PM

Information found in a report for all enrolled patients in the age group selected.

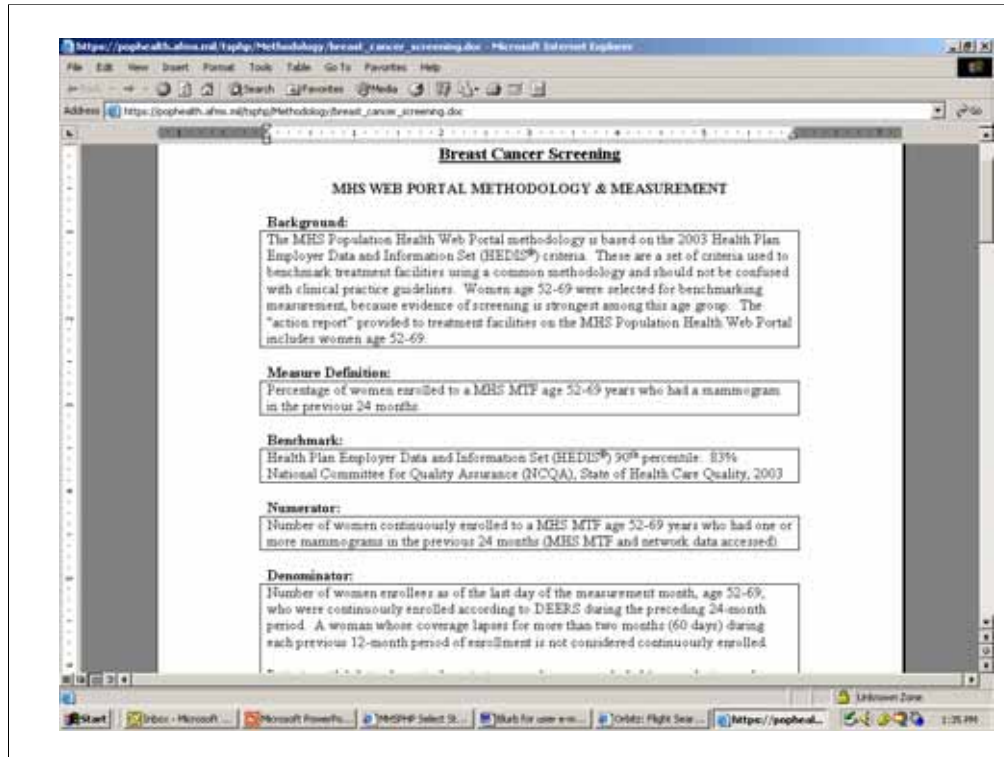
To return back to the original screen, use the “Return to Main Page” link above. If you use the Back button on the program’s tool bar, it may lock up and kick you out of PHN.

# Preventive Services



There are 5 Clinical Preventive Services listed in this section. The Immunization fields are not populated for the Navy.

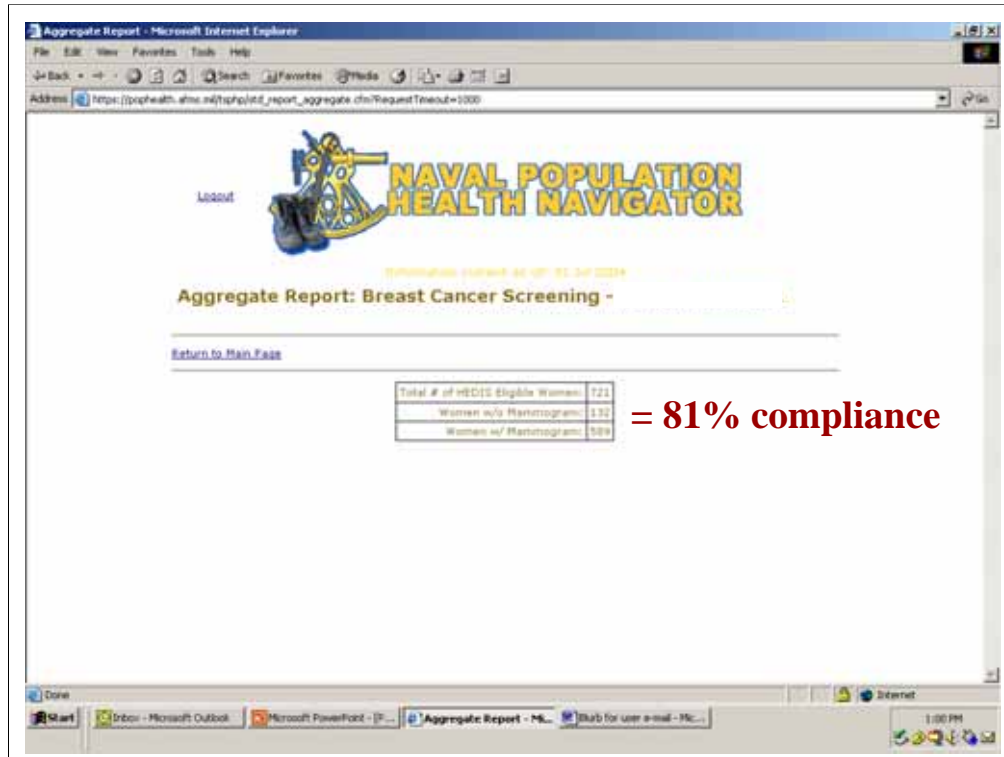
The methodology will explain specifics for the information in a particular data set. These are the same as the Methods in the Administration section.



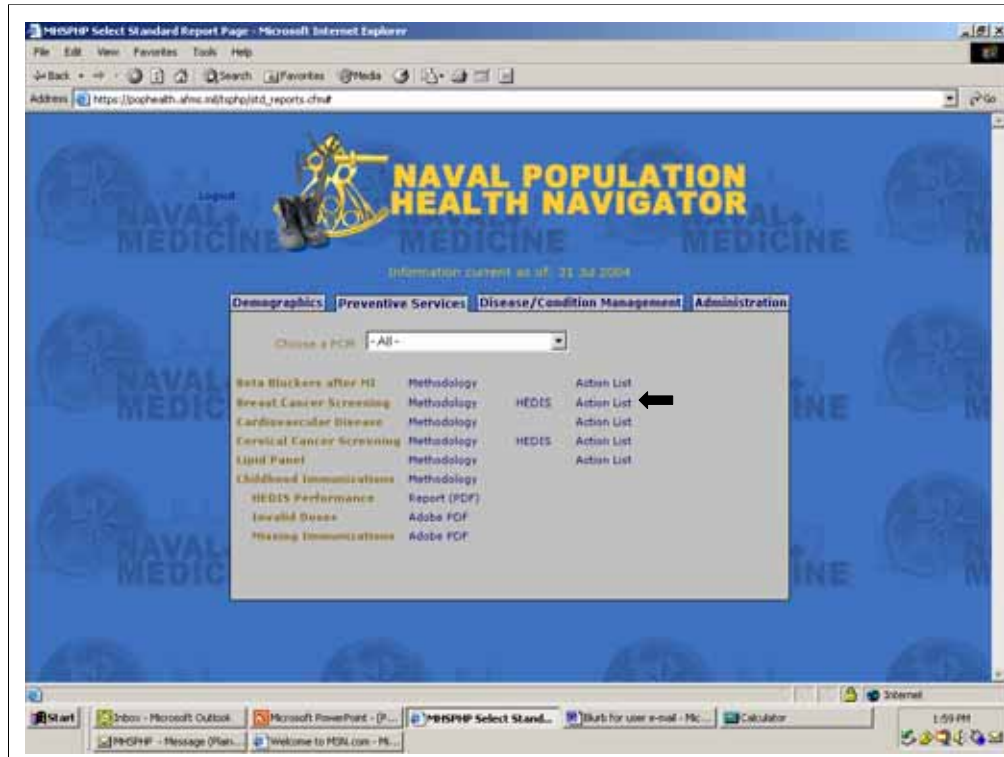
Sample methodology



HEDIS is the data used in the clinical section of the BUMED Business Plan. The numbers for the BUMED Business Plan are taken directly from the PHN



Sample report demonstrating how to calculate % compliance



In addition to the HEDIS Report, there are action lists. The action list will always contain more patients than the HEDIS data, since the HEDIS is restricted to those that meet strict inclusion/exclusion criteria and are continuously enrolled. The Action List is more inclusive and contains all enrollees without the continuous enrollment requirement.

Standard Report Output - Microsoft Internet Explorer

Address: https://pophealth.afms.mil/tpq/018\_report\_action.cfm?requestTimeout=1000

Screening  
Records Found: 576  
1374 Apples

**ON HEALTH NAVIGATOR**

Sponsor SSN	DOS	DOB	Age	BenCat	PCM Name	Provider Group	Last Exam Date	System	Source
	30		54.02	RTFPLY		FAM PRACTICE NH-GRP	No Exam Found		
	30		50.94	RTFPLY		FAM PRACTICE NH-GRP	No Exam Found		
	30		59.4	RTFPLY		FAM PRACTICE NH-GRP	No Exam Found		
	30		54.14	RTFPLY		FAM PRACTICE NH-GRP	No Exam Found		
	30		60.27	RTFPLY		FAM PRACTICE NH-GRP	No Exam Found		
	30		60.12	RTFPLY		INT MED CL NH-GRP	No Exam Found		
	31		57.45	RTFPLY		FAM PRACTICE NH-GRP	No Exam Found		
	31		52.62	RTFPLY		FAM PRACTICE NH-GRP	02 Apr 2002	DIRECT	CHCS
	30		56.79	RTFPLY		FAM PRACTICE NH-GRP	03 Apr 2002	DIRECT	CHCS
	31		54.19	RTFPLY		FAM PRACTICE NH-GRP	10 Apr 2002	DIRECT	CHCS
	30		52.7	RTFPLY		FAM PRACTICE NH-GRP	16 Apr 2002	DIRECT	CHCS
	30		55.27	ACHPLY		FAM PRACTICE NH-GRP	17 Apr 2002	NETWORK	OUTPAT
	30		61.01	RTFPLY		FAM PRACTICE NH-GRP	18 Apr 2002	DIRECT	CHCS
	31		55.36	RTFPLY		FAM PRACTICE NH-GRP	19 Apr 2002	DIRECT	CHCS
	30		57.51	RTFPLY		FAM PRACTICE NH-GRP	29 Apr 2002	DIRECT	CHCS
	30		58.23	RTFPLY		FAM PRACTICE NH-GRP	30 Apr 2002	DIRECT	CHCS
	31		58.6	RTFPLY		FAM PRACTICE NH-GRP	09 May 2002	DIRECT	CHCS
	30		53.25	RTFPLY		FAM PRACTICE NH-GRP	16 May 2002	DIRECT	CHCS
	30		59.19	RTFPLY		FAM PRACTICE NH-GRP	30 May 2002	DIRECT	CHCS
	30		60.33	RTFPLY		FAM PRACTICE NH-GRP	03 Jun 2002	DIRECT	CHCS
	30		63.84	RTFPLY		FAM PRACTICE NH-GRP	06 Jun 2002	DIRECT	CHCS
	30		64.15	RTFPLY		FAM PRACTICE NH-GRP	12 Jun 2002	DIRECT	CHCS

The patients who have “No Exam Found” will be at the top of the screen and highlighted in yellow. This is followed by those who are now due for the exam with those who have most recently had the exam at the end of the list. In addition, you can anticipate how many patients will be needing preventive services in the months ahead.

Note: While this report does not contain results, it does include purchased care and the report will specify if the test was done in the direct care system or the network.



Standard Report Output - Microsoft Internet Explorer provided by AFPM/AS/PTTH

File Edit View Favorites Tools Help

### Report Results: Breast Cancer Screening

Facility: PCMH - All - Records Found: 1238

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[Return to Main Page](#) | [Open Report in Excel](#)

## NAVAL POPULATION HEALTH NAVIGATOR

	Patient Name	Sponsor SSN	QDS	DOB	Age			
<input type="checkbox"/>			31		57.43			HEI
<input type="checkbox"/>			30		54.71			FA
<input type="checkbox"/>			30		53.77			IN
<input type="checkbox"/>			30		52.57			HEI
<input type="checkbox"/>			31		62.36	RTFMLY	PARTRIDGE C A	FA
<input type="checkbox"/>			31		55.58	RTFMLY	KELLY C D	FA
<input type="checkbox"/>			30		53.17	RTFMLY		
<input type="checkbox"/>			30		53.1	RTFMLY	ABRONS S A	FA
<input type="checkbox"/>			30		54.18	RTFMLY	MESSEC H S	FA
<input type="checkbox"/>			30		63.7	RTFMLY	LILES J R	HEI
<input type="checkbox"/>			30		56.56	RTFMLY	VANDERBROOK R	FA
<input type="checkbox"/>			30		60.74	RTFMLY	KRIZEK S M	IN
<input type="checkbox"/>			30		55.12	RTFMLY	TEMLADOR R W	FA
<input type="checkbox"/>			30		63.88	RTFMLY	ALLEN L L	FA
<input type="checkbox"/>			30		59.93	RTFMLY	HAUPT G L	FA
<input type="checkbox"/>			30		62.44	RTFMLY	KEWISH S A	FA
<input type="checkbox"/>			30		52.93	RTFMLY	ABRONS S A	FA

Annotation - Microsoft Intern...

Select a comment for this record

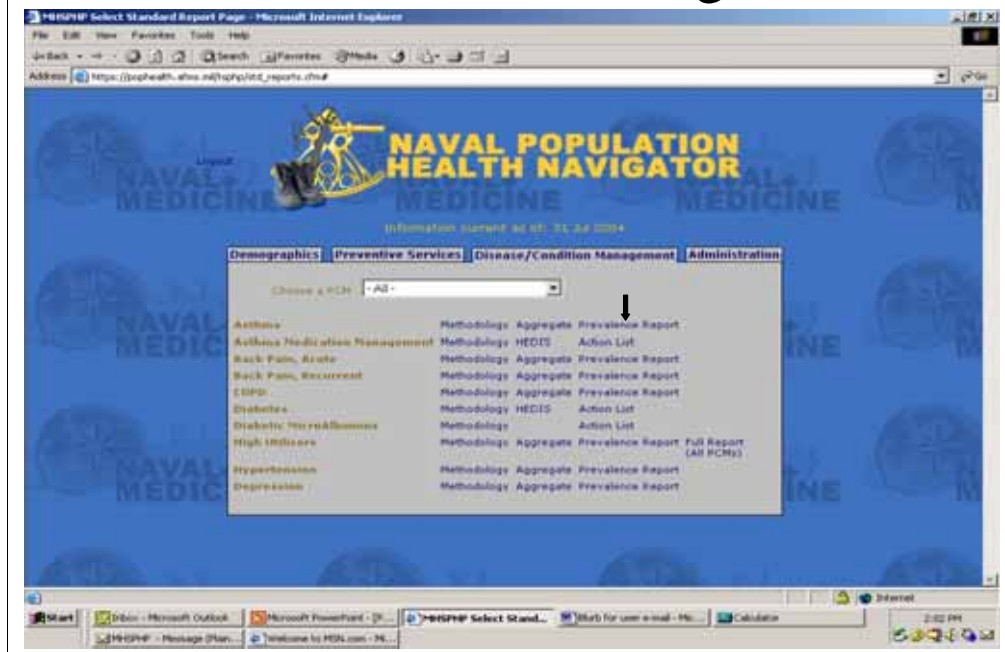
- Select a comment for this record
- Previous Left Mastectomy
- Previous Right Mastectomy
- Previous Bilateral Mastectomy
- Left Mammogram needed
- Left Mammogram ordered
- Right Mammogram needed
- Right Mammogram ordered
- Bilateral Mammogram needed
- Bilateral Mammogram ordered

javascript:ReOrder('BENCAT',0);

Internet

Clicking the boxes along the left allow certain notations on the record, to help in tracking your patients. This does not change the record in CHCS.

# Disease/Condition Management



There are two files for Asthma....a Prevalence Report and Medication Management. Again, the Methods should be reviewed for a complete explanation.

Standard Report Output - Microsoft Internet Explorer

Address: [https://pophealth.ehrs.nhs.uk/pop/hist\\_report\\_action.cfm?RequestTimeout=1000](https://pophealth.ehrs.nhs.uk/pop/hist_report_action.cfm?RequestTimeout=1000)

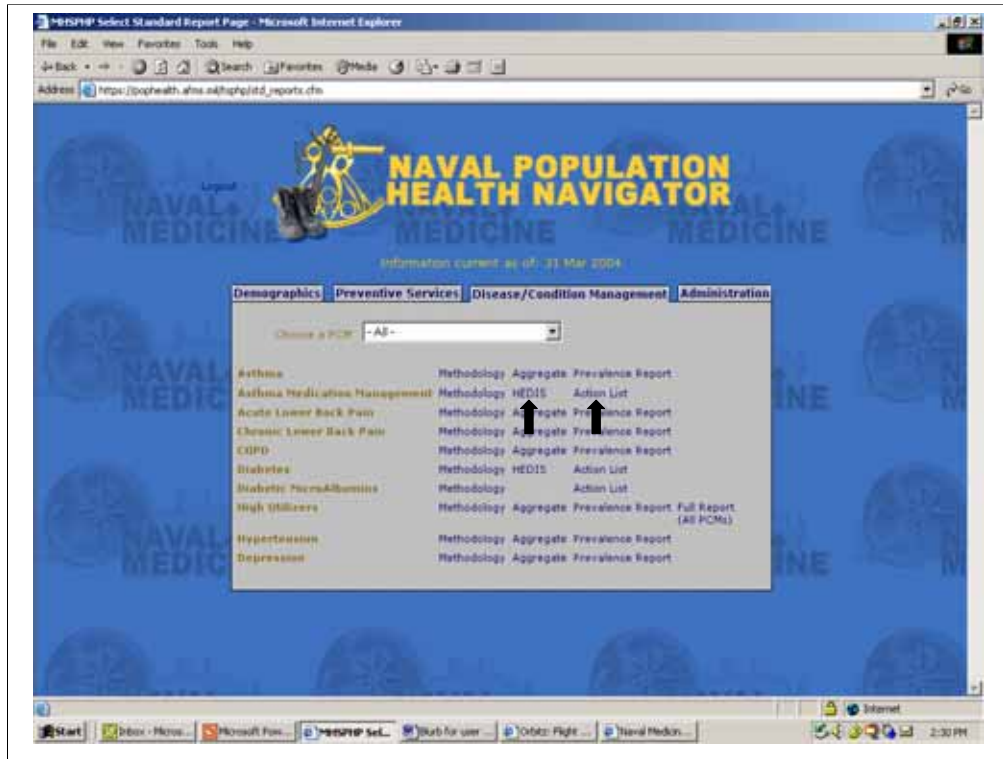
FOR

RefCat	PCN Name	Provider Group	Outpatient Visits	ER Visits	Hospitalizations	Dispensing Events	Street 1
ADFMV		PEDIATRIC CL NH-GRP	3	1		5	
STFMV		FAM PRACTICE NH-GRP	1			2	
ADN		FAM PRACTICE NH-GRP	4			4	
ADFMV		FAM PRACTICE NH-GRP	4			4	
ADFMV		FAM PRACTICE NH-GRP	7			21	
STFMV		FAM PRACTICE NH-GRP	9	1	1	11	
ADFMV		FAM PRACTICE NH-GRP	2			5	
ADFMV		FAM PRACTICE NH-GRP	3			4	
STFMV		FAM PRACTICE NH-GRP	2			7	
STFMV		PEDIATRIC CL NH-GRP				4	
ADN		FAM PRACTICE NH-GRP				17	
STFMV		PEDIATRIC CL NH-GRP	1	1		3	
ADAF		FAM PRACTICE NH-GRP				13	
ADFMV		INT MED CL NH-GRP	1			10	
STFMV		FAM PRACTICE NH-GRP	1			7	
ADFMV		FAM PRACTICE NH-GRP	3			7	
ADFMV		PEDIATRIC CL NH-GRP	10	2		23	
STN		FAM PRACTICE NH-GRP	2	2			
ADFMV		FAM PRACTICE NH-GRP	2			8	
STFMV		INT MED CL NH-GRP				7	4
ADFMV		FAM PRACTICE NH-GRP		1		5	
ADFMV		PEDIATRIC CL NH-GRP				6	
STFMV		INT MED CL NH-GRP	1			8	
ADN		FAM PRACTICE NH-GRP	4			12	
ADFMV		PEDIATRIC CL NH-GRP	6			9	
STN		FAM PRACTICE NH-GRP				5	

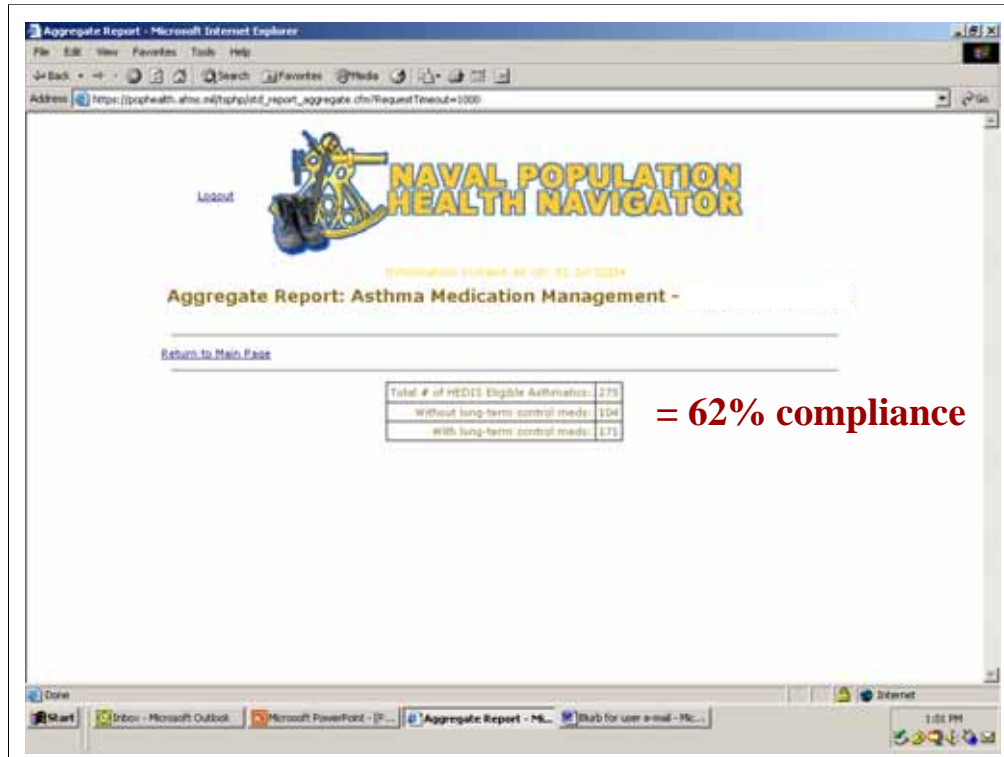
Done

Start | Inbox - Pop... | Microsoft Pow... | Standard Re... | Web for user ... | Obitz Flight ... | Personal Medic... | 2:22 PM

The Prevalence List gives all asthmatic patients and the number of outpatient visits (including ER) and hospitalizations for the preceding 12 months. This file is a great opportunity to determine which patients have a lot of admissions, ER visits or clinic appointments that might benefit from case management. Also, one can determine which patients have visited the ER or Hospital w/o any outpatient follow up. You can sort on any of the fields highlighted at the top, or can download the file into Excel and manipulate it more there.

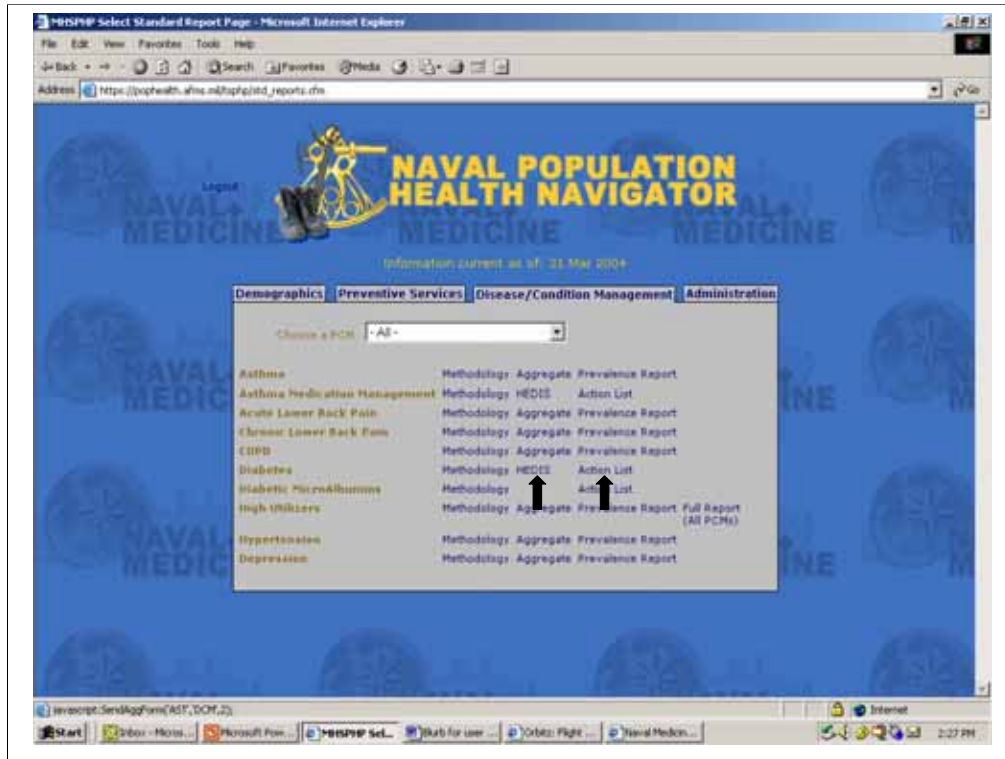


The HEDIS Medication Management is the Asthma metric in the BUMED Business Plan.

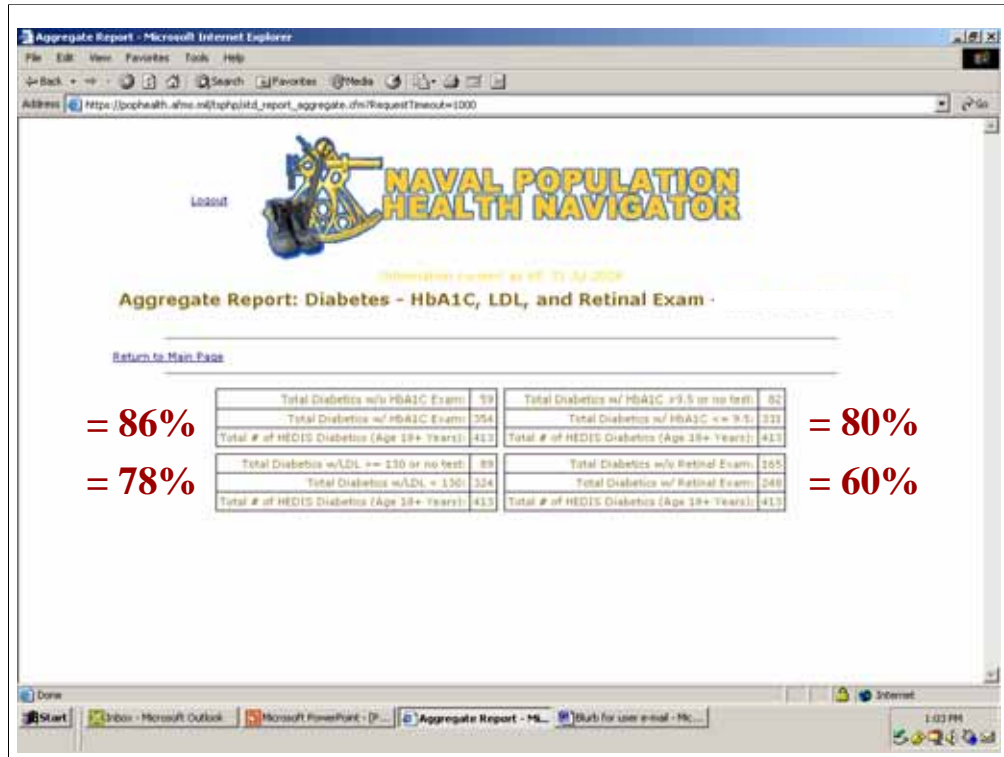


HEDIS Asthma Medication Management Metric





The Diabetes HEDIS is included in the BUMED Business for LDL and HbA1c.



This is the HEDIS page and contains 4 different measures.



Standard Report Output - Microsoft Internet Explorer

Address: https://pophealth.sims.nh/tqhp/hedis\_report\_action.cfm?RequestTimeout=1000

Records Found: 298

HEALTH NAVIGATOR

ID	DOB	Age	ResCat	PCN Name	Provider Group	Outpatient Visits	Hospitalizations	ER Visits	Rx Count	Tr
20		55.85	RTN		INT MED CL NH-GRP				25	
20		49.51	ADA		FAM PRACTICE NH-GRP	4				
31		51.23	ADFMV		FAM PRACTICE NH-GRP	4			2	
31		35.74	ADFMV		FAM PRACTICE NH-GRP	1			15	
30		61.92	RTFMV		FAM PRACTICE NH-GRP	2				
30		51.07	RTFMV		FAM PRACTICE NH-GRP	2				
30		53.61	RTFMV		FAM PRACTICE NH-GRP	3				HEMO
20		54.42	RTN		FAM PRACTICE NH-GRP	2			10	HEMO
20		53.85	RTA		FAM PRACTICE NH-GRP	8			6	HEMO
30		44.75	ADFMV		FAM PRACTICE NH-GRP	3			10	HEMO
20		54.26	RTN		FAM PRACTICE NH-GRP	6				HEMO
20		42.97	ADA		FAM PRACTICE NH-GRP	5	1		11	HEMO
30		43.81	RTFMV		FAM PRACTICE NH-GRP	6			4	HEMO
20		50.88	RTN		FAM PRACTICE NH-GRP	1			8	HEMO
30		30.48	ADFMV		FAM PRACTICE NH-GRP				5	HCALC HE
20		61.99	RTN		INT MED CL NH-GRP	9	1	1	16	HEMO
20		42.7	RTN			10			9	HEMO
30		62.55	RTFMV		FAM PRACTICE NH-GRP	1	4			HEMO
30		40.84	ADFMV		FAM PRACTICE NH-GRP	5			3	HEMO
20		47.32	RTA		FAM PRACTICE NH-GRP	3				HEMO
30		48.63	ADFMV		FAM PRACTICE NH-GRP	3				HEMO
31		33.25	ADFMV		FAM PRACTICE NH-GRP	8			31	HEMO

Done

Start | Internet | Standard Report Outp... | Microsoft PowerPoint - [P...]

2:29 PM

This is the diabetic action list. Again, the numbers will be greater than the HEDIS because the action list does not add a qualifier for designated enrollment period. Also, there are age constraints in HEDIS (18-75yo). The action list includes all ages. It is very important to read the methods when reviewing this data.

Standard Report Output - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address http://bphhealth.afmc.mil/ghp/vtd\_report\_action.cfm?requestTimeout=1000

Count	Test Name	HbA1C Date	HbA1C Result	Retinal Date	LDL Date	LDL	Chol Cert Date	Chol C	HDL Cert Date	HDL C	Ch
15		No Exam Found		04 Apr 2003	17 Feb 2004	155	17 FEB 2004	236	17 FEB 2004	58	
2		No Exam Found			08 Jan 2004	105	08 JAN 2004	184	08 JAN 2004	42	
5		No Exam Found									
		No Exam Found		19 Aug 2003	06 Nov 2003	110	06 NOV 2003	206	06 NOV 2003	79	
		No Exam Found		15 Sep 2003	03 Oct 2003	142	03 OCT 2003	226	03 OCT 2003	41	
	HEMOGLOBIN A1C	17 May 2002	5.4	12 Apr 2003	14 May 2002	150	14 MAY 2002	250	14 MAY 2002	55	
8	HEMOGLOBIN A1C	14 Jun 2002	7		25 Apr 2002	67	25 APR 2002	147	25 APR 2002	51	
6	HEMOGLOBIN A1C	02 Jul 2002	6.2	29 Aug 2002	06 Jun 2002	66	06 JUN 2002	118	06 JUN 2002	35	
8	HEMOGLOBIN A1C	09 Sep 2002	6.5		29 Jul 2003	122	29 JUL 2003	200	29 JUL 2003	50	
	HEMOGLOBIN A1C	01 Oct 2002	4.5	20 Jun 2003	12 Nov 2002	73	12 NOV 2002	184	12 NOV 2002	38	
1	HEMOGLOBIN A1C	09 Oct 2002	6.1	11 Mar 2004	25 Feb 2004	119	25 FEB 2004	224	25 FEB 2004	49	
4	HEMOGLOBIN A1C	11 Nov 2002	5.2	12 Jun 2002							
8	HEMOGLOBIN A1C	26 Nov 2002	5.5		23 Nov 2002	111	23 NOV 2002	185	23 NOV 2002	47	
5	uCALC HEMOGLOBIN A1C	11 Dec 2002	5		06 Mar 2003	166	06 MAR 2003	261	06 MAR 2003	51	
6	HEMOGLOBIN A1C	03 Jan 2003	6.3	12 Jan 2004	30 Jan 2004	94	30 JAN 2004	150	30 JAN 2004	44	
9	HEMOGLOBIN A1C	24 Jan 2003	7.1	06 Feb 2003	06 Jun 2003	151	06 JUN 2003	221	06 JUN 2003	42	
	HEMOGLOBIN A1C	27 Jan 2003	5.8		27 Jan 2003	117	27 JAN 2003	222	27 JAN 2003	57	
3	HEMOGLOBIN A1C	28 Jan 2003	7		22 May 2002	155	22 MAY 2002	290	22 MAY 2002	41	
	HEMOGLOBIN A1C	29 Jan 2003	5.3	21 Jan 2003	18 Jun 2003	130	18 JUN 2003	206	18 JUN 2003	52	
	HEMOGLOBIN A1C	29 Jan 2003	4.4	24 Dec 2002	29 May 2003	132	29 MAY 2003	185	29 MAY 2003	35	
11	HEMOGLOBIN A1C	10 Mar 2003	9.9	10 Feb 2004	18 Oct 2002	94	17 OCT 2002	169	18 OCT 2002	58	

Done

Start Inboxes - Microsoft Outlook Start for user e-mail - Mc... Standard Report Outp... Microsoft PowerPoint - P...

Internet 2:30 PM

Action list....continued, provides you all the most recent date and values for A1C, retinal exams, and lipid profile. You can use this list to sort or analyze your compliance for A1C or LDL different than that given for the HEDIS metric (e.g. %A1C <7.0, %LDL < 100).

Standard Report Output - Microsoft Internet Explorer

Address: https://pophealth.afm.mil/rptg/std\_report\_action.cfm?RequestTimeout=1000

### Report Results: Diabetes

Facility: NACC NEWPORT    PCN: - All    Records Found: 248

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[Return to Main Page](#) [Open Report in Excel](#)

## NAVAL POPULATION HEALTH NAVIGATOR

Patient Name	Scanner SSN	DOB	Age	BenCat	PCM Name	Provider Group	Outpatient Vis
		20 25 May 1948	55.86	RTN		INT MED CL NH-GRP	
		20 28 Sep 1954	49.51	ADA		FAM PRACTICE NH-GRP	4
		31 08 Jan 1953	51.23	ADFMLY		FAM PRACTICE NH-GRP	4
		31 05 Jul 1968				FAM PRACTICE NH-GRP	1
		30 01 May 1942				FAM PRACTICE NH-GRP	2
		30 05 Mar 1953				FAM PRACTICE NH-GRP	2
		30 20 Aug 1950				FAM PRACTICE NH-GRP	3
		20 29 Oct 1949				FAM PRACTICE NH-GRP	2
		20 25 May 1950				FAM PRACTICE NH-GRP	8
		30 01 Jul 1959				FAM PRACTICE NH-GRP	3
		20 28 Dec 1949				FAM PRACTICE NH-GRP	6
		30 12 Apr 1961				FAM PRACTICE NH-GRP	5
		30 09 Jun 1960				FAM PRACTICE NH-GRP	6
		20 15 May 1953	50.88	RTN		FAM PRACTICE NH-GRP	1
		30 06 Oct 1973	30.48	ADFMLY		FAM PRACTICE NH-GRP	
		20 04 Apr 1942	61.99	RTN		INT MED CL NH-GRP	9
		20 18 Jul 1963	42.7	RTN			10
		30 11 Sep 1941	62.55	RTFMFLY		FAM PRACTICE NH-GRP	1
		30 11 May 1963	40.84	ADFMFLY		FAM PRACTICE NH-GRP	5
		20 06 Dec 1956	47.32	RTA		FAM PRACTICE NH-GRP	3
		30 12 Aug 1957	46.63	ADFMFLY		FAM PRACTICE NH-GRP	3
		01 30 Dec 1992	11.25	ADFMFLY		FAM PRACTICE NH-GRP	8

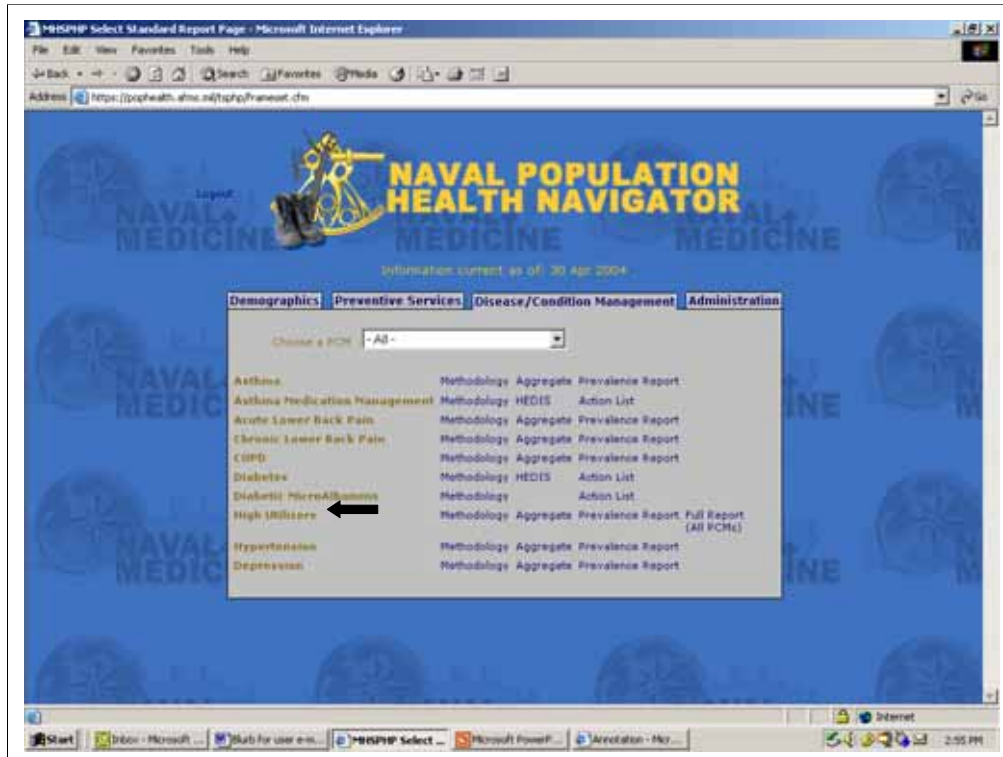
Annotations - Microsoft Internet Explorer

Select a comment for this record

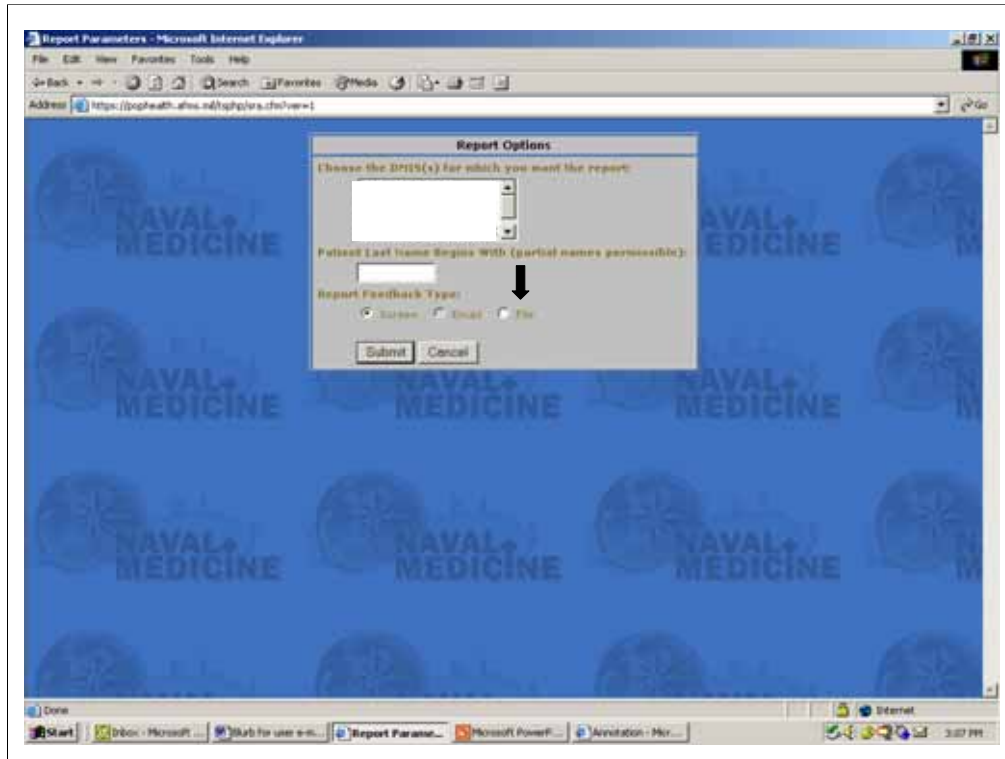
- Select a comment for this record
- HgBA1C test needed
- HgBA1C test ordered
- LDL-C test needed
- LDL-C test ordered
- Lipid Panel test needed
- Lipid Panel test ordered
- Plasma Exam needed
- Plasma Exam scheduled

Start    Inbox - Microsoft Outlook    Mail for user email...    Standard Report Output...    Microsoft PowerPoint - [Title] Brief for Pac Conf 8.04    Internet    2:36 PM

Annotations can be added by clicking the box to the left of the patients name



High utilizers is a very useful tool for case managers. This field lists every visit for each patient with over 10 visits to certain clinics (full list in Methods). It is a large file so the “full report” can be selected in Zip format. You can also pull the report by provider...



Or by parent or child DMIS, and you can have the report sent to your file (Administration tab under Generated Reports but it still takes a long time to open when you get it so recommend requesting the Zip version, depending on the size of your facility.)

Standard Report Output - Microsoft Internet Explorer

Address: https://pophealth.afms.mil/tpg/Std\_report\_action.cfm?RequestTimeout=1000

1788 Records Found

NAVIGATOR

Age	Sex	PCN Name	Provider Group	Date	Clinic	Relocation	ICD9 Code	ICD9 Description
28.2	ADA		PRIMARY CARE SA-GRP	19 Dec 2003	BHAI	0328	940.7	CLAP URETHRITIS UNK HX
28.2	ADA		PRIMARY CARE SA-GRP	18 Nov 2003	BHAI	0328	786.59	CHEST PAIN NEC
28.2	ADA		PRIMARY CARE SA-GRP	23 Dec 2003	BHAI	0328	719.41	JOINT PAIN-SHLDER
28.2	ADA		PRIMARY CARE SA-GRP	01 Mar 2004	BHAI	0328	718.91	27 DERANGMENT NOS-SHLE
20.6	ADN		PRIMARY CARE SA-GRP	22 Jul 2003	BHAI	0328	462	ACUTE PHARYNGITIS
20.6	ADN		PRIMARY CARE SA-GRP	30 Sep 2003	BHAI	0328	363.81	DYSFUNCT EUSTACHIAN TL
20.6	ADN		PRIMARY CARE SA-GRP	21 Aug 2003	BHAI	0328	848.9	SPRAIN NOS
20.6	ADN		PRIMARY CARE SA-GRP	23 Jul 2003	BHAI	0328	363.81	DYSFUNCT EUSTACHIAN TL
20.6	ADN		PRIMARY CARE SA-GRP	31 Mar 2004	BHAI	0328	078.10	VIRAL WARTS NOS
20.6	ADN		PRIMARY CARE SA-GRP	27 Jan 2004	BHAI	0328	V70.5	HEALTH EXAM-GROUP SURV
20.6	ADN		PRIMARY CARE SA-GRP	16 Jan 2004	BHAI	0328	465.9	ACUTE URI NOS
20.6	ADN		PRIMARY CARE SA-GRP	01 Oct 2003	BHAI	0328	465.9	ACUTE URI NOS
20.6	ADN		PRIMARY CARE SA-GRP	13 Jan 2004	BHAI	0328	465.9	ACUTE URI NOS
20.6	ADN		PRIMARY CARE SA-GRP	14 Jan 2004	BHAI	0328	465.9	ACUTE URI NOS
20.6	ADN		PRIMARY CARE SA-GRP	02 Dec 2003	BHAI	0328	465.9	ACUTE URI NOS
28.22	ADN		PRIMARY CARE SA-GRP	22 Apr 2003	BHAI	0328	905.7	LATE EFFEC SPRAIN/STRA
28.22	ADN		PRIMARY CARE SA-GRP	01 May 2003	BHAI	0328	448.1	NEVUS, NON-NEOPLASTIC
28.22	ADN		PRIMARY CARE SA-GRP	02 May 2003	BHAI	0328	078.10	VIRAL WARTS NOS
28.22	ADN		PRIMARY CARE SA-GRP	04 Jun 2003	BHAI	0328	477.9	ALLERGIC RHINITIS NOS
28.22	ADN		PRIMARY CARE SA-GRP	25 Nov 2003	BHAI	0328	553.9	HERNIA NOS
28.22	ADN		PRIMARY CARE SA-GRP	26 Feb 2004	BHAI	0328	V70.5	HEALTH EXAM-GROUP SURV
28.22	ADN		PRIMARY CARE SA-GRP	20 Aug 2003	BHAI	0328	530.11	REFLUX ESOPHAGITIS
28.22	ADN		PRIMARY CARE SA-GRP	27 Oct 2003	BHAI	0328	472.0	CHRONIC RHINITIS
28.22	ADN		PRIMARY CARE SA-GRP	02 Dec 2003	BHAI	0328	553.9	HERNIA NOS
28.22	ADN		PRIMARY CARE SA-GRP	09 Dec 2003	BHAI	0328	V68.89	ADMINISTRATIVE ENCOUN N
28.22	ADN		PRIMARY CARE SA-GRP	13 Jan 2004	BHAI	0328	V68.89	ADMINISTRATIVE ENCOUN N

This report pulls from all MTFs but not purchased care. The DMIS is shown for the clinic where the visit occurred. ICD-9 Code and Description for each visit is shown.

## Required reporting of Clinical Metrics Population Health Navigator

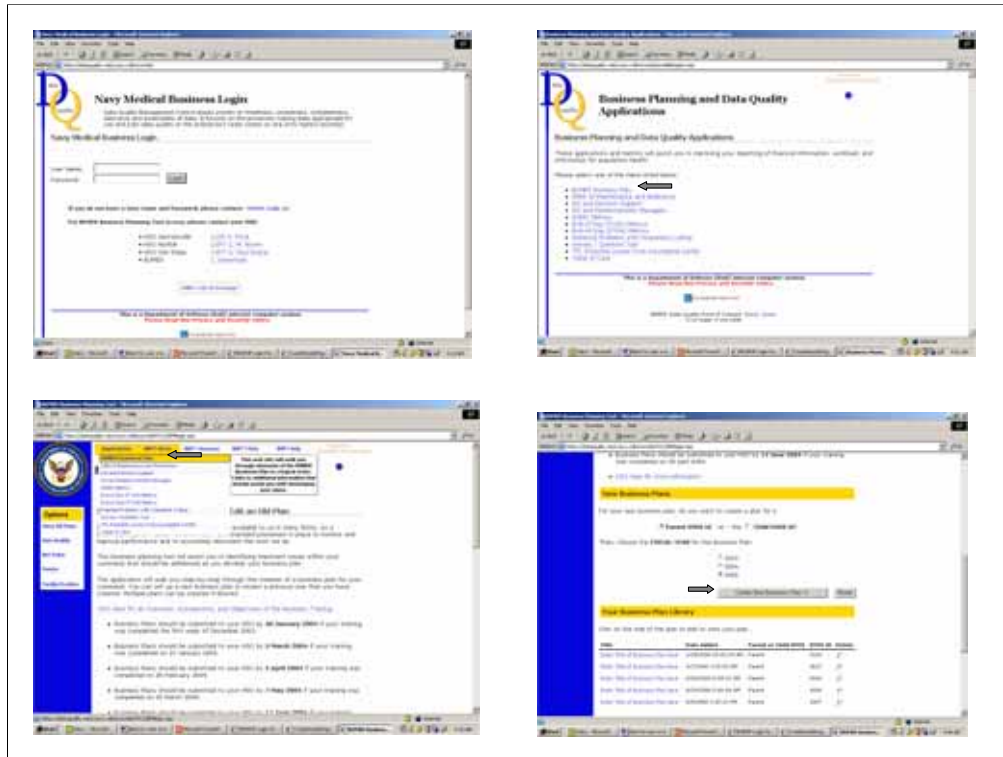
- BUMED Business Plan and BUMED Note (6310) requires monitoring and reporting of:
  - Diabetes patients (age 18-75) with hemoglobin A1c  $\leq$  9.5%
  - Diabetes patients (age 18-75) with LDL < 130mg/dl
  - Asthma patients (age 5-56) on long term medications
  - Female patients (age 52-69) with current mammogram
- Data from HEDIS® metrics in PHN
- Doesn't prevent the use of other registries or databases, but only PHN data counts.

BUMED Business Plan. You may follow the steps on the next few slides so you can see the BUMED Business Plan. You can also go directly to the Population Health site by logging onto <https://dataquality.med.navy.mil/reconcile/pophealth>

## Comparing Health Care Delivery Population Health Navigator

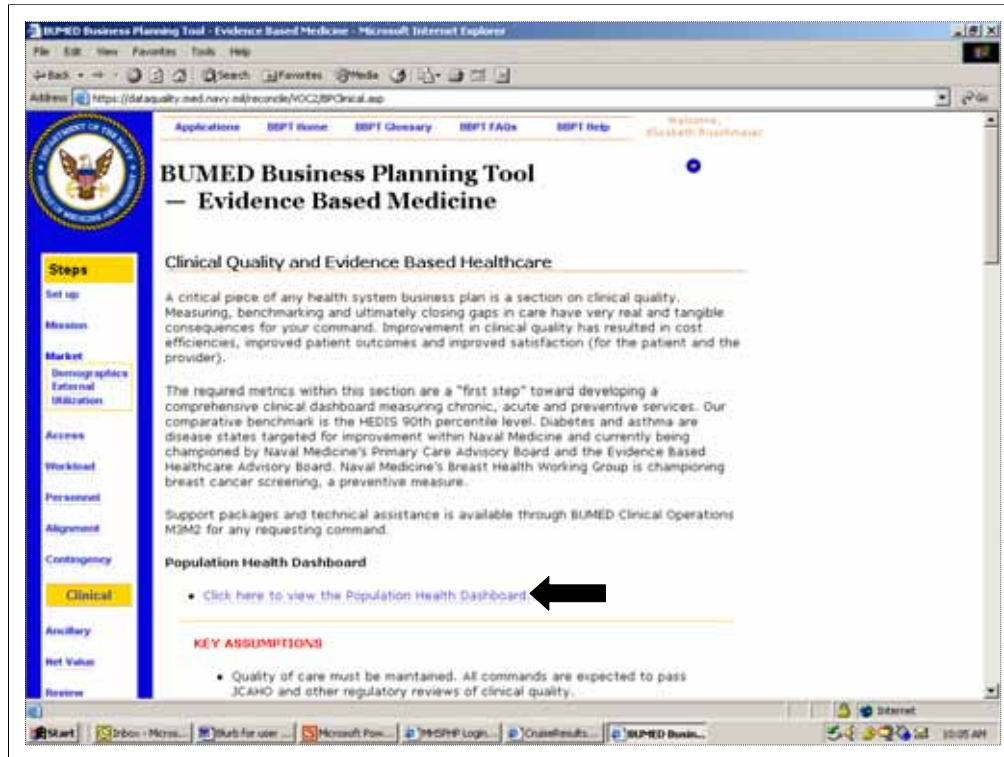
- BUMED Business Plan states that clinical goal is to perform greater than HEDIS® 90<sup>th</sup> percentile.
- PHN Dashboard for specific required metrics
  - NEHC and NMIMC collaboration
  - Displayed by command, drill down to clinics
  - Compares to other clinics/MTFs, Navy averages, HEDIS® 50<sup>th</sup> and 90<sup>th</sup> percentiles
  - Provides denominators, values
  - <https://dataquality.med.navy.mil/reconcile/pophealth>
  - Also available via NEHC webpage, and NMO as resource kit



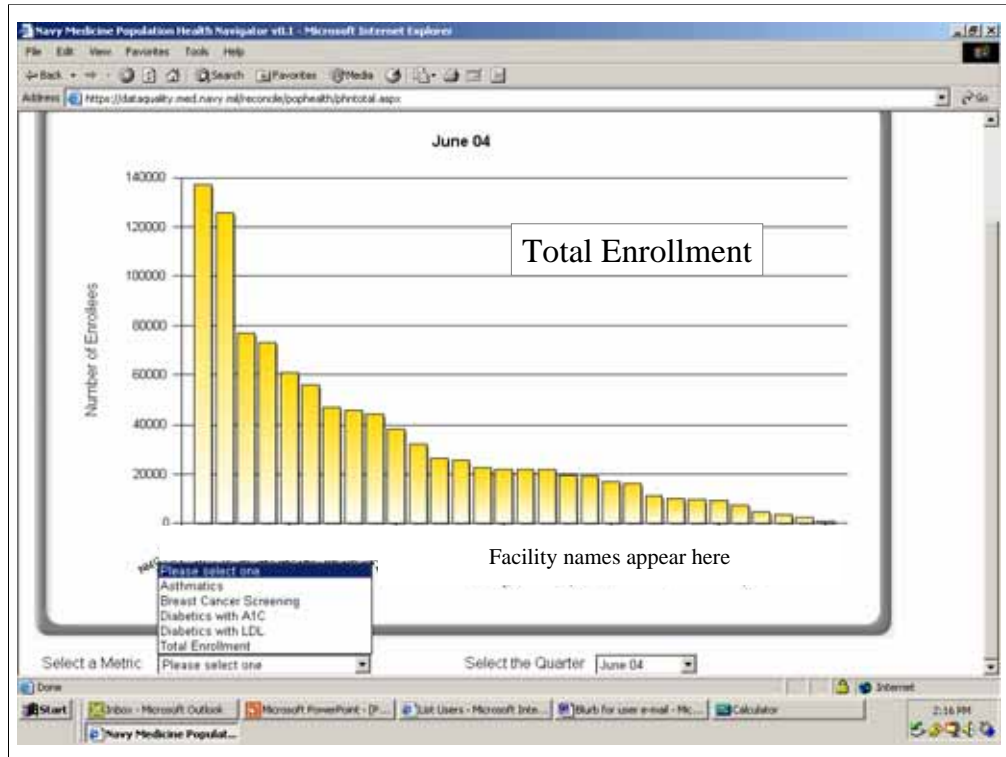


The next two slides have the steps you will need to follow to get to the clinical metrics....



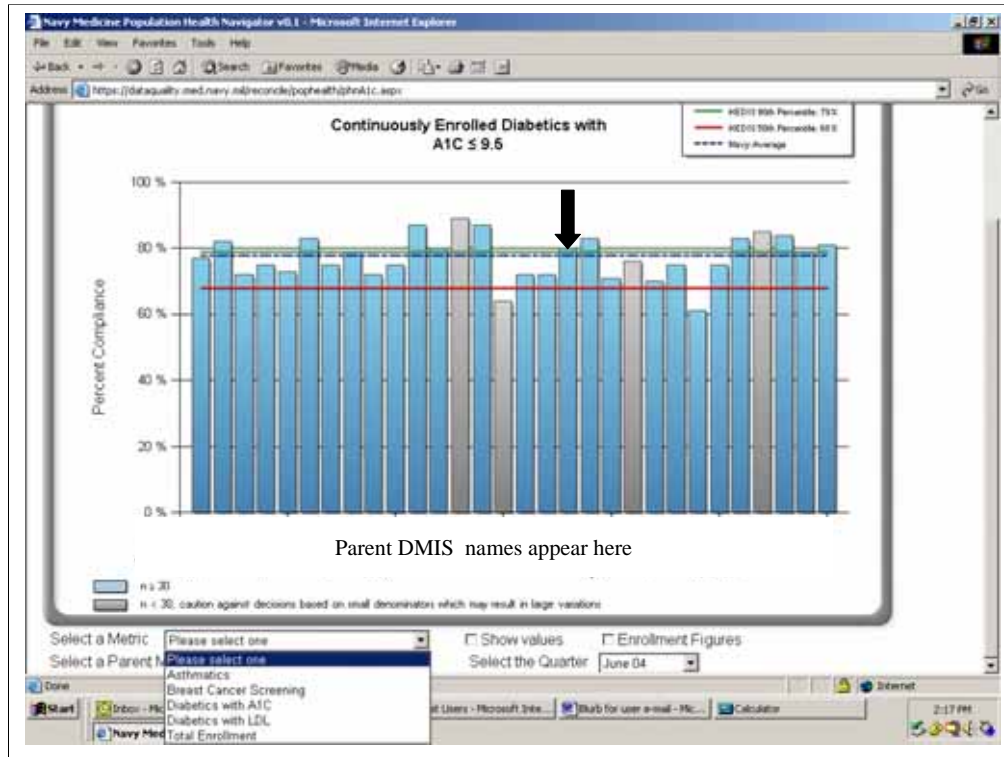


Within the BUMED Business Plan, there is also a link to the Population Health Dashboard.

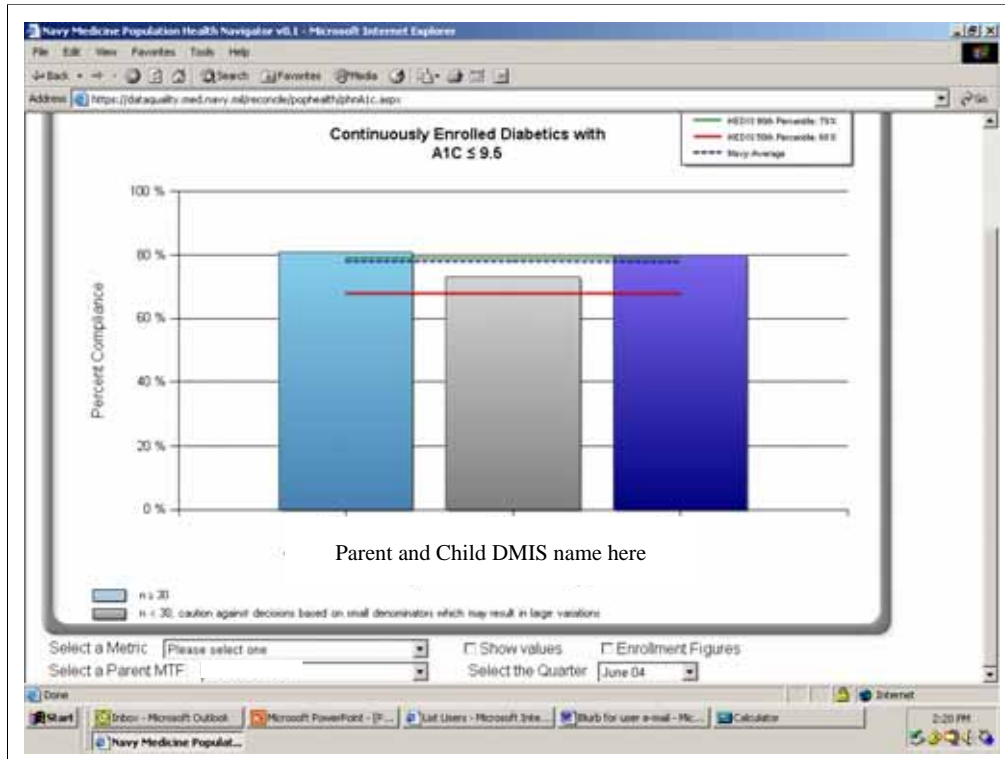


This is a slide displaying total MTF enrollment (of TRICARE Prime enrollees). Many commands see many more patients because not all patients (e.g. retirees) are in TRICARE Prime.

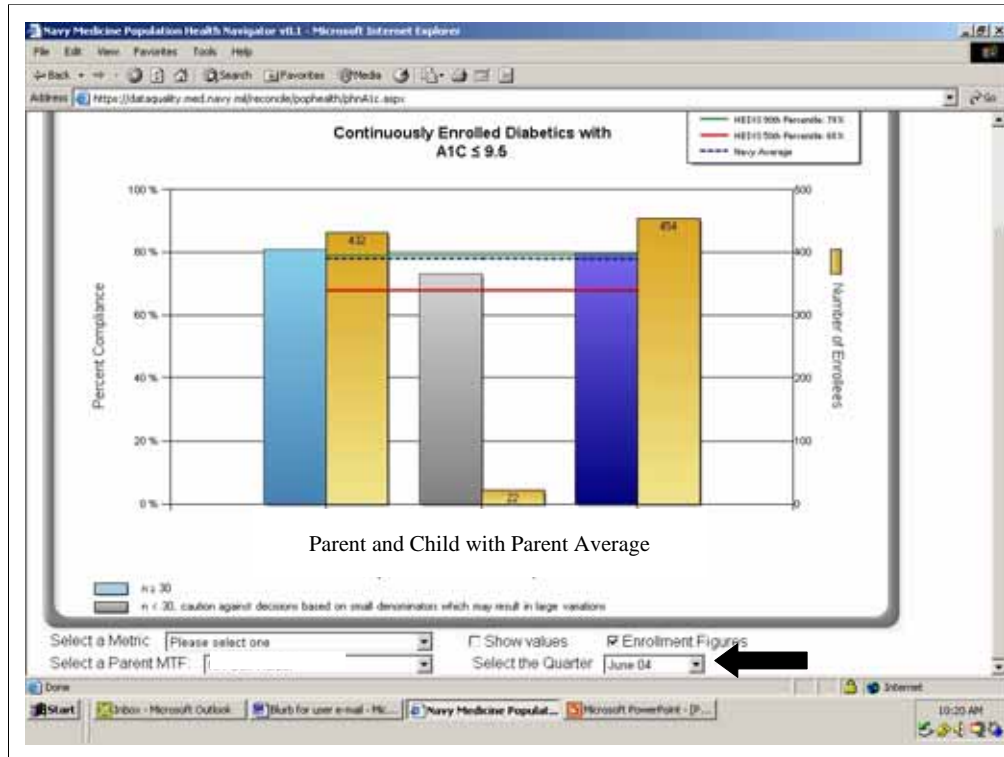
You can go to the lower left and select a metric




This is HbA1c across Navy Medicine. The HEDIS goals and Navy Medicine average are shown




If you select a facility, the percentiles for parent and child DMIS' will be shown



If you select the Enrollment figures, it will show the total number enrolled in the metric shown in gold along with percent compliance

Address  [http://www-nehc.med.navy.mil/hp/ph\\_navigator/index.htm](http://www-nehc.med.navy.mil/hp/ph_navigator/index.htm)




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**NAVAL POPULATION HEALTH NAVIGATOR**

**LINKS**

- [Population Health Navigator](#)
- [Population Health Navigator Dashboard](#)
- [Medical Implementation of Population Health Navigator and Metrics](#) (BUMED Genser Msg 033301Z JUN 2004)

**OTHER POPULATION HEALTH LINKS**

- [Navy Medicine Business Plan](#)
- [The Health Plan Employer Data and Information Set \(HEDIS\)](#)
- [Clinical Epidemiology and the Next Generation of TRICARE Contracts.](#) Hooker, SG, Buck RL, Christen BR, Beightol GH. Navy Medicine 95 (3): 19-21, 2004.
- [Health Promotion and Disease/Injury Prevention](#) (DODD 1010.10, 22 Aug 03)
- [Guidance for Implementation of Medical Management Program](#) (HA Policy 04-008)
- [DoD Tricare Management Activity Population Health Improvement Plan and Guide.](#)

Important links on the Navy Environmental Health Center (NEHC) PHN webpage



## Exercise Part 1

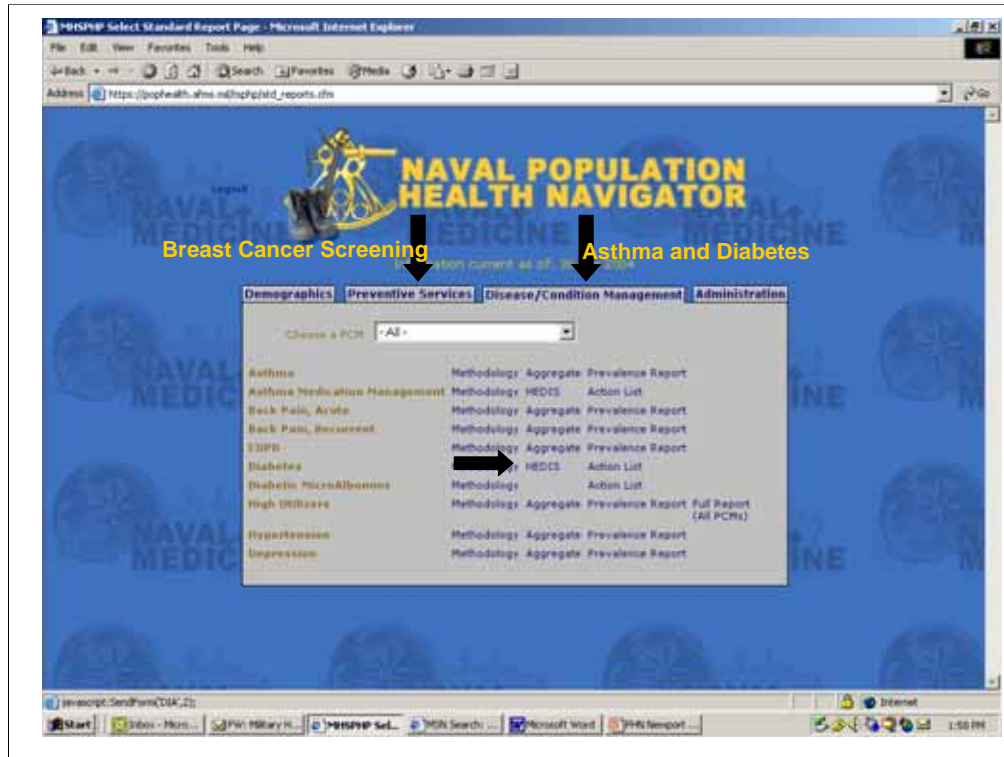
# Population Health Navigator

<https://pophealth.afms.mil>

- Look up your clinic's data for the Clinical Metrics being used in the BUMED Business Plan (HEDIS®)
  - Breast Cancer Screening
  - Asthma Medication
  - HbA1c  $\leq 9.5$
  - Diabetic LDL  $< 130$
  - Make a note of total HEDIS® eligible diabetics

The following slides will walk you through exercises on using the PHN:

Show where to find the different fields. Preventive services for Breast Cancer Screening. Disease Management for Asthma and Diabetes.



Breast Cancer Screening found in the Preventive Services section.

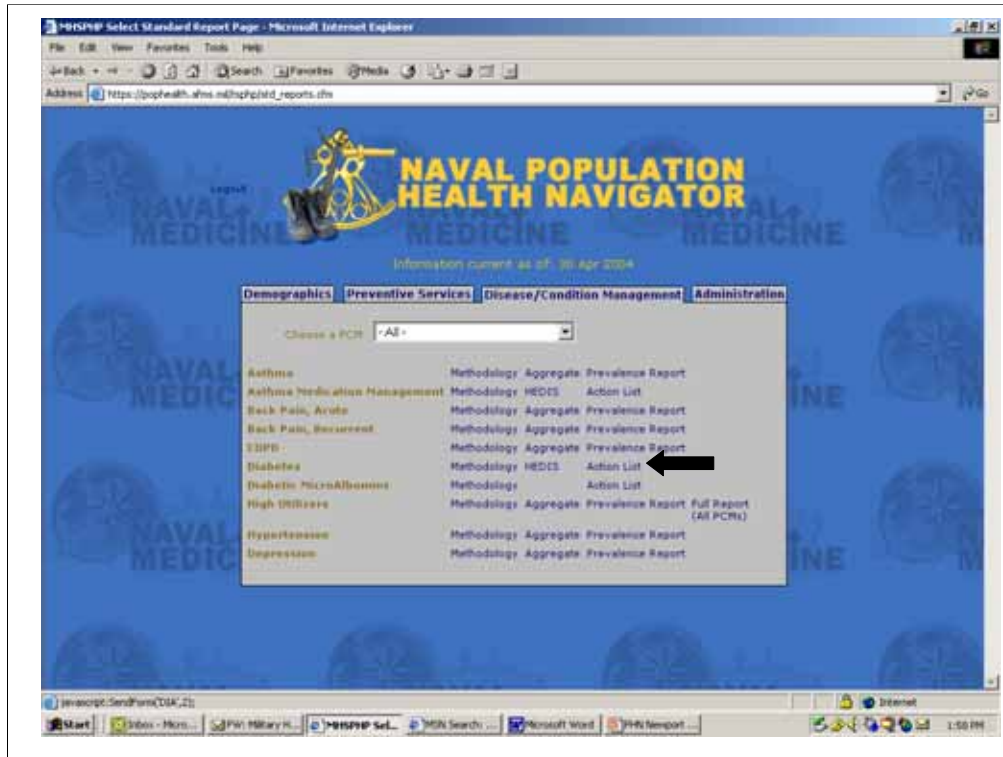
Asthma and diabetes is in the Disease/condition Management section. Select the HEDIS fields for this exercise.

## Exercise Part 2

### Population Health Navigator

- Pull up Diabetes “Action List”
  - How many diabetics are on the action list?
  - How does this compare with the number of HEDIS®-eligible diabetics?
- What’s the difference between these 2 groups?

The number of diabetics on the Action List should be higher than the HEDIS eligible because the Action List is for all diabetics regardless of age or enrollment period. The HEDIS diabetics must meet enrollment criteria for one year and be 18 years of age or greater.



This time you will select the action list

Standard Report Output - Microsoft Internet Explorer

Address: https://pophealth.afhs.nhl.gov/old\_report\_action.cfm?requestTimeout=1000

Report Results: Diabetes

Facility: PEPC - All - Records Found: 39

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**NAVAL POPULATION HEALTH NAVIGATOR**

Patient Name	Sponsor SSN	DOB	DOB	Age	SexCat	PCM Name	Provider Group	Outpatient Visits	miss
BAD	1	30	1	22.14	ADMFLY		PRIMARY CARE PO-GRP	3	
	1	30	0	50.32	ADN		PRIMARY CARE PO-GRP	2	
D	1	20	4	45.34	RTAP		PRIMARY CARE PO-GRP	1	
H	1	20	1	33.52	ADN		PRIMARY CARE PO-GRP	4	
	1	30	2	63.25	RTMFLY		PRIMARY CARE PO-GRP	5	
	1	30	2	37.69	ADMFLY		PRIMARY CARE PO-GRP	1	
SA	1	33	2	49.85	ADMFLY		PRIMARY CARE PO-GRP	7	
	1	30	0	57.67	ADMFLY		PRIMARY CARE PO-GRP	20	
	1	30	0	46.98	RTMFLY		PRIMARY CARE PO-GRP	2	
	2	20	1	43.51	ADN		PRIMARY CARE PO-GRP	3	
	2	30	1	44.3	RTMFLY		PRIMARY CARE PO-GRP	7	
	1	30	4	42.57	ADMFLY		PRIMARY CARE PO-GRP	40	
	1	20	1	64.71	RTN		PRIMARY CARE PO-GRP	6	
	1	30	1	49.31	RTMFLY		PRIMARY CARE PO-GRP	10	
	1	20	1	63.46	RTAP		PRIMARY CARE PO-GRP	6	
	1	20	1	60.25	RTN		PRIMARY CARE PO-GRP	5	
	1	20	1	60.84	RTAP		PRIMARY CARE PO-GRP	8	
	2	20	1	46.26	RTMFLY		PRIMARY CARE PO-GRP	8	
	3	30	3	43.16	RTMFLY		PRIMARY CARE PO-GRP	4	
	1	20	3	64.39	RTA		PRIMARY CARE PO-GRP	3	
	1	20	1	34.81	ADN		PRIMARY CARE PO-GRP	7	
	1	20	1	45.25	ADA		PRIMARY CARE PO-GRP	4	

Start | Inbox - Mail... | PW: Military H... | Standard Re... | MIN Search... | Microsoft Word | JMW Report | 1:56 PM

Total number is found on top of page

To sort the data, you can either sort within the program or will have to open the report in Excel.

### Exercise Part 3

## Population Health Navigator

- What % of diabetics on the action list has:
  - No HbA1c?
  - HbA1c greater than 1 year?
  - HbA1c greater than 9.5? Less than 7.0?
  - Need retinopathy screening exams?

(Use the calculator on the computer when figuring)

You will need to use Excel to sort the data for the various categories. A sample of how to use Excel is provided for HbA1c. You will need to repeat the sorting process for dates and retinopathy.

HINT: The data for A1C is already sorted for those without any values. Then, you will notice that they are then sorted by default for the most oldest dates of the last A1C. So really, you only have to run 2 different sort operations. One for value of the A1C, and one for expired retinopathy exams.

Standard Report Output - Microsoft Internet Explorer

Address: [https://jaghealth.af.mil/jagph/ahd\\_report\\_action.cfm?RequestTimeout=1000](https://jaghealth.af.mil/jagph/ahd_report_action.cfm?RequestTimeout=1000)

**Report Results: Diabetes**  
 Facility: NAACP PORTSMOUTH PCPE: AB - Records Found: 39

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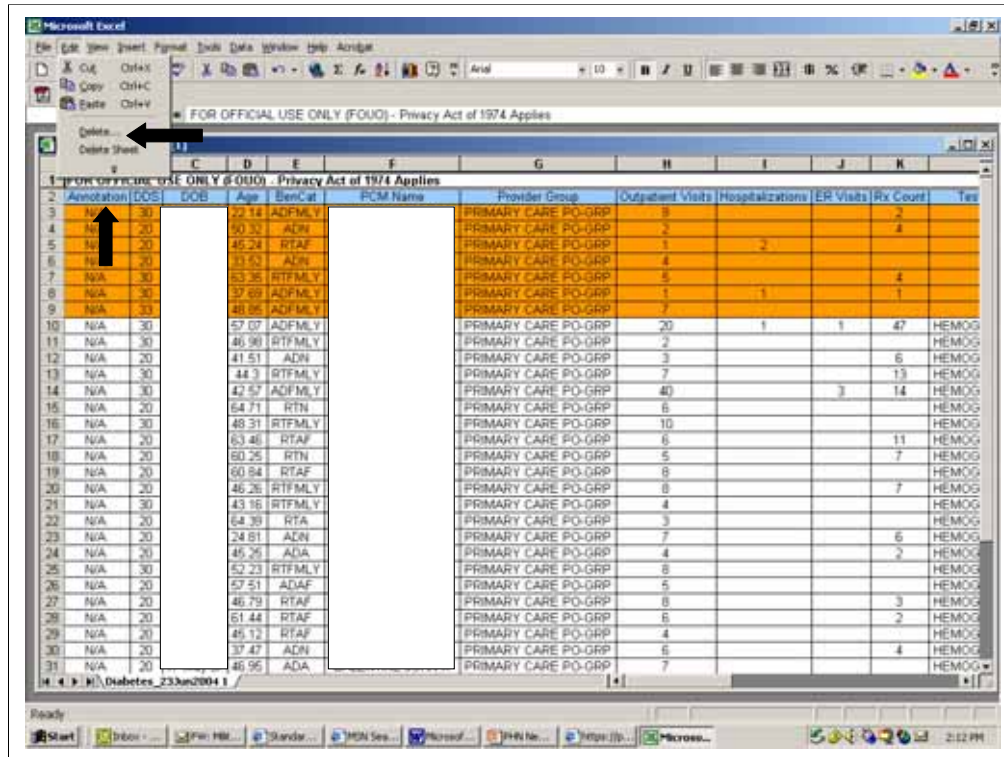
**NAVAL POPULATION HEALTH NAVIGATOR**

Patient Name	Sponsor SSN	DOB	DOB	Age	BenCat	PCM Name	Provider Group	Outpatient Visits	Miss
BA		30		22.14	ADPHLY		PRIMARY CARE PO-GRP	3	
		20		50.32	ADN		PRIMARY CARE PO-GRP	2	
		20		45.34	RTAP		PRIMARY CARE PO-GRP	1	
		20		33.52	ADN		PRIMARY CARE PO-GRP	4	
		30		63.25	RTPHLY		PRIMARY CARE PO-GRP	5	
		30		37.69	ADPHLY		PRIMARY CARE PO-GRP	1	
		33		49.85	ADPHLY		PRIMARY CARE PO-GRP	7	
		30		57.07	ADPHLY		PRIMARY CARE PO-GRP	20	
		30		46.90	RTPHLY		PRIMARY CARE PO-GRP	2	
		20		41.51	ADN		PRIMARY CARE PO-GRP	3	
		30		44.3	RTPHLY		PRIMARY CARE PO-GRP	7	
		30		42.57	ADPHLY		PRIMARY CARE PO-GRP	40	
		20		64.71	RTN		PRIMARY CARE PO-GRP	6	
		30		48.31	RTPHLY		PRIMARY CARE PO-GRP	10	
		20		63.46	RTAP		PRIMARY CARE PO-GRP	6	
		20		60.25	RTN		PRIMARY CARE PO-GRP	5	
		20		60.84	RTAP		PRIMARY CARE PO-GRP	8	
		20		46.26	RTPHLY		PRIMARY CARE PO-GRP	8	
		30		43.16	RTPHLY		PRIMARY CARE PO-GRP	4	
		20		64.39	RTA		PRIMARY CARE PO-GRP	3	
		20		34.81	ADN		PRIMARY CARE PO-GRP	7	
		20		45.25	ADA		PRIMARY CARE PO-GRP	4	

Total are listed on top of screen

Click on “Open Report in Excel”

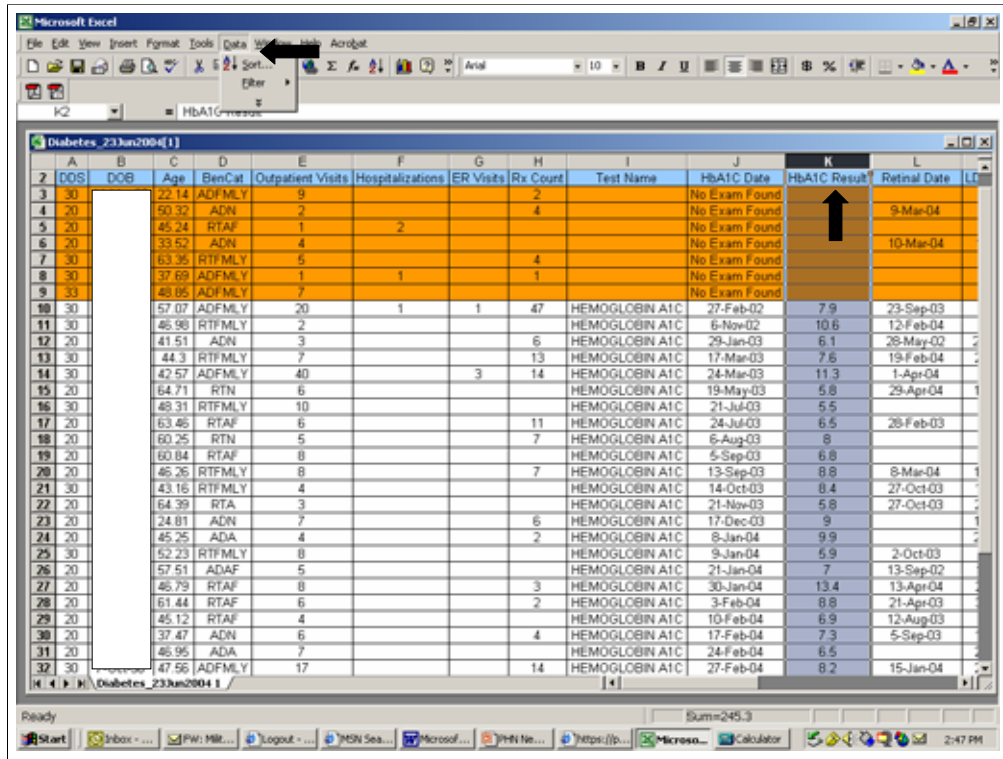
REMEMBER THAT YOUR DENOMINATOR IS 39 PATIENTS....



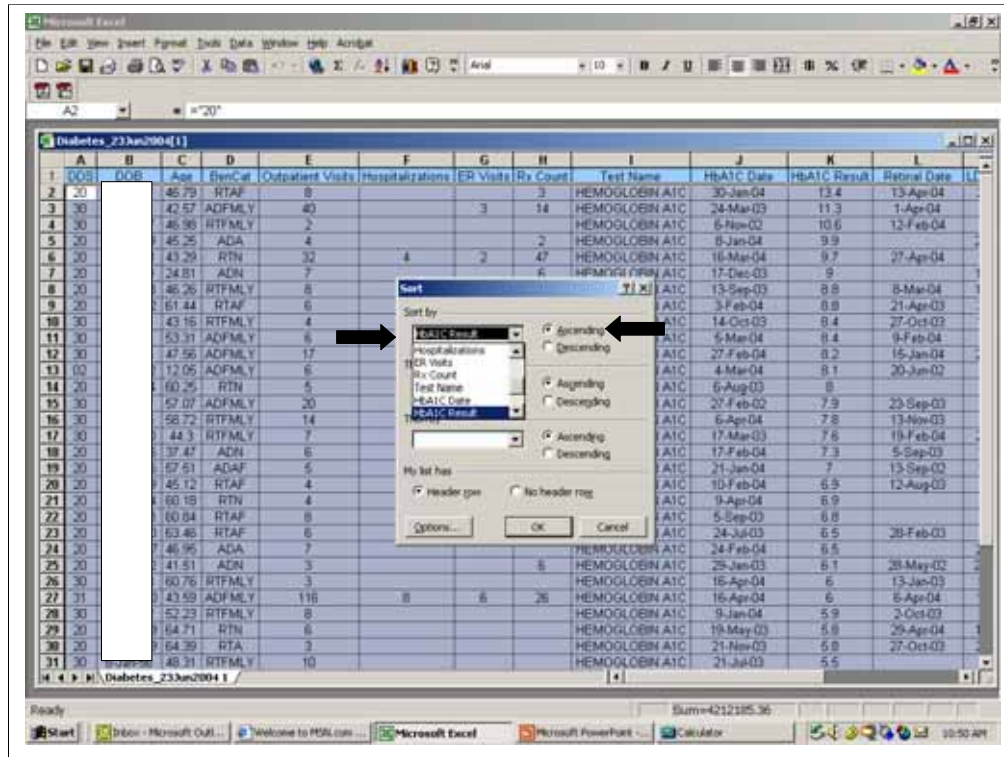
To get rid of rows you don't need

- ✓Click on the heading of the column you want to delete
- ✓Select "Edit" from the top
- ✓Select Delete
- ✓Select Entire column (When it shows up)
- ✓I have already deleted several rows with patient identifiers in them





Click on column with HbA1c and select Data and Sort



Select what you want to sort and whether you want ascending or descending. I selected ascending so all my high ones will come to the bottom along with those who haven't had an exam.

	A	B	C	D	E	F	G	H	I	J	K	L
10	20		41.51	ADN	3			6	HEMOGLOBIN A1C	29-Jan-03	6.1	28-May-02
11	20		63.46	RTAF	6			11	HEMOGLOBIN A1C	24-Jul-03	6.5	28-Feb-03
12	20		46.95	ADA	7				HEMOGLOBIN A1C	24-Feb-04	6.5	
13	20		60.84	RTAF	8				HEMOGLOBIN A1C	5-Sep-03	6.8	
14	20		45.12	RTAF	4				HEMOGLOBIN A1C	10-Feb-04	6.9	12-Aug-03
15	20		60.18	RTN	4			3	HEMOGLOBIN A1C	9-Apr-04	6.9	
16	20		57.51	ADAF	5				HEMOGLOBIN A1C	21-Jan-04	7	13-Sep-02
17	20		37.47	ADN	6			4	HEMOGLOBIN A1C	17-Feb-04	7.3	5-Sep-03
18	30		44.3	RTFMY	7			13	HEMOGLOBIN A1C	17-Mar-03	7.6	19-Feb-04
19	30		58.72	RTFMY	14			14	HEMOGLOBIN A1C	6-Apr-04	7.8	13-Nov-03
20	30		57.07	ADFMY	20	1	1	47	HEMOGLOBIN A1C	27-Feb-02	7.9	23-Sep-03
21	20		60.25	RTN	5			7	HEMOGLOBIN A1C	6-Aug-03	8	
22	02		12.05	ADFMY	6			30	HEMOGLOBIN A1C	4-Mar-04	8.1	20-Jun-02
23	30		47.56	ADFMY	17			14	HEMOGLOBIN A1C	27-Feb-04	8.2	15-Jan-04
24	30		43.16	RTFMY	4				HEMOGLOBIN A1C	14-Oct-03	8.4	27-Oct-03
25	30		53.31	ADFMY	6			6	HEMOGLOBIN A1C	5-Mar-04	8.4	9-Feb-04
26	20		46.26	RTFMY	8			7	HEMOGLOBIN A1C	13-Sep-03	8.8	8-Mar-04
27	20		61.44	RTAF	6			2	HEMOGLOBIN A1C	3-Feb-04	8.8	21-Apr-03
28	20		24.81	ADN	7			6	HEMOGLOBIN A1C	17-Dec-03	9	
29	20		43.29	RTN	32	4	2	47	HEMOGLOBIN A1C	16-Mar-04	9.7	27-Apr-04
30	20		45.25	ADA	4			2	HEMOGLOBIN A1C	8-Jan-04	9.9	
31	30		46.98	RTFMY	2				HEMOGLOBIN A1C	6-Nov-02	10.6	12-Feb-04
32	30		42.57	ADFMY	40		3	14	HEMOGLOBIN A1C	24-Mar-03	11.3	1-Apr-04
33	20		46.79	RTAF	8			3	HEMOGLOBIN A1C	30-Jan-04	13.4	13-Apr-04
34	30		22.14	ADFMY	9			2		No Exam Found		
35	20		50.32	ADN	2			4		No Exam Found		9-Mar-04
36	20		45.24	RTAF	1	2				No Exam Found		
37	20		33.62	ADN	4					No Exam Found		10-Mar-04
38	30		63.35	RTFMY	5			4		No Exam Found		
39	30		37.69	ADFMY	1	1		1		No Exam Found		
40	33		48.85	ADFMY	7					No Exam Found		

**Solution #1:** What percentage of patients don't have an A1C?  $7/39 = 17.9\%$

**Solution #3a:** What percentage of patients have an A1C >9.5%?  $5/39 = 12.8\%$

**Solution #3b:** What percentage of patients have an A1C <7%?

Whereas HEDIS used 9.5 as the metric, the standard of care aims for a HbA1c <7%. Thus, 17 patients are now out of standards using the more strict standard of care defined as A1C <7%. That would equate to about 44% of patients out of standard.  $17(\text{out of standard})/39 (\text{total patients}) = .435$  or 44%. If you add the 7 that didn't have any HgA1c at all it would be  $24/39 = .615$  or 62% noncompliance. Or you could have figured how many were under 7% (22) and divide by the total population (39)..... 38% compliance with A1C <7%

Even though the HEDIS 9.5 is considered high, you can see that it gives you a more manageable place to start to manage your diabetic patients and lets you intervene with those most out of control first. Once you've been able to address those patients and get your process in place, then you can start working on the others.

## Exercise Part 3

# Population Health Navigator

- Open “Diabetes Action List” in Excel
- What % of diabetics on the action list has:
  - **No HbA1c?** (Number with no HbA1c divided by total diabetics)
  - **HbA1c greater than 9.5? Less than 7.0?** (Number with HbA1c < 7 divided by total diabetics)
  - **HbA1c greater than 1 year?** (Number > 1 year divided by total diabetics)
  - **Need retinopathy screening exams?** (Number with no retinal screening divided by total diabetics)

(Use the calculator on the computer when figuring)

You would repeat the sorting process with dates to determine who is out of standard for HbA1c greater than a year.

Also, sort for retinopathy screening. The methodology has already taken into consideration those at low risk (based on HbA1c result) who need an exam every 2 years and those at high risk (based on HbA1c result) who need an annual exam.

## Exercise Lessons

# Population Health Navigator

- What questions arise during this exercise related to:
  - Coding
  - Enrollment
  - Process

Some items to review:

Coding...are there coding errors that make patients appear as diabetics when they aren't? Gestational diabetes, spouse attending class and getting coded for diabetes, improper coding of eye exams or provider doing exam

Enrollment...do you have enrollees who get most of their healthcare through another health system? If so, results won't show up in the PHN. Maybe nothing you can do but be aware of it.

Enrollees who move and never transfer their enrollment to new location?

Enrollment to PCM, or PCM group. Is it accurate? Are there a lot of patients with a PCM? Are there patients without a PCM, or enrolled to an old provider that is no longer at that facility?

Process....how does your clinic manage their patients? Is it random when the patient decides to come in for an appt or do you have a plan for patient management? Would Clinical Practice Guidelines help? What about nurse managed clinics? Is the entire healthcare team involved in the care of the patient? The clinic must address WHO is going to check the PHN, distribute the lists, call the patients, order the labs/studies, etc.

## Exercise Action Items

# Population Health Navigator

- Actions that might be considered
  - Review records to confirm accuracy
  - Have staff contact patients for needed tests/exams/follow-up
  - Send out reminders to patients
  - Consider case management for designated patients
  - Consider referral to Nutritionist, Pharmacist
  - Consider implementation of DoD/VA CPG
  - Demand forecast for services (Ophthalmology exams)
- Use the Health Care Team

Here are some ideas in how to leverage PHN technology and Population Health principles to its fullest.

Point of Contact

Population Health Navigator

**To obtain an account:**

- Ms E. M. Ruschmeier

**E-mail:** [emruschmeier@us.med.navy.mil](mailto:emruschmeier@us.med.navy.mil)

**Phone:** (202) 762-3139



## Clinic Management Course



# Population-Based Analysis using the Population Health Navigator (PHN)